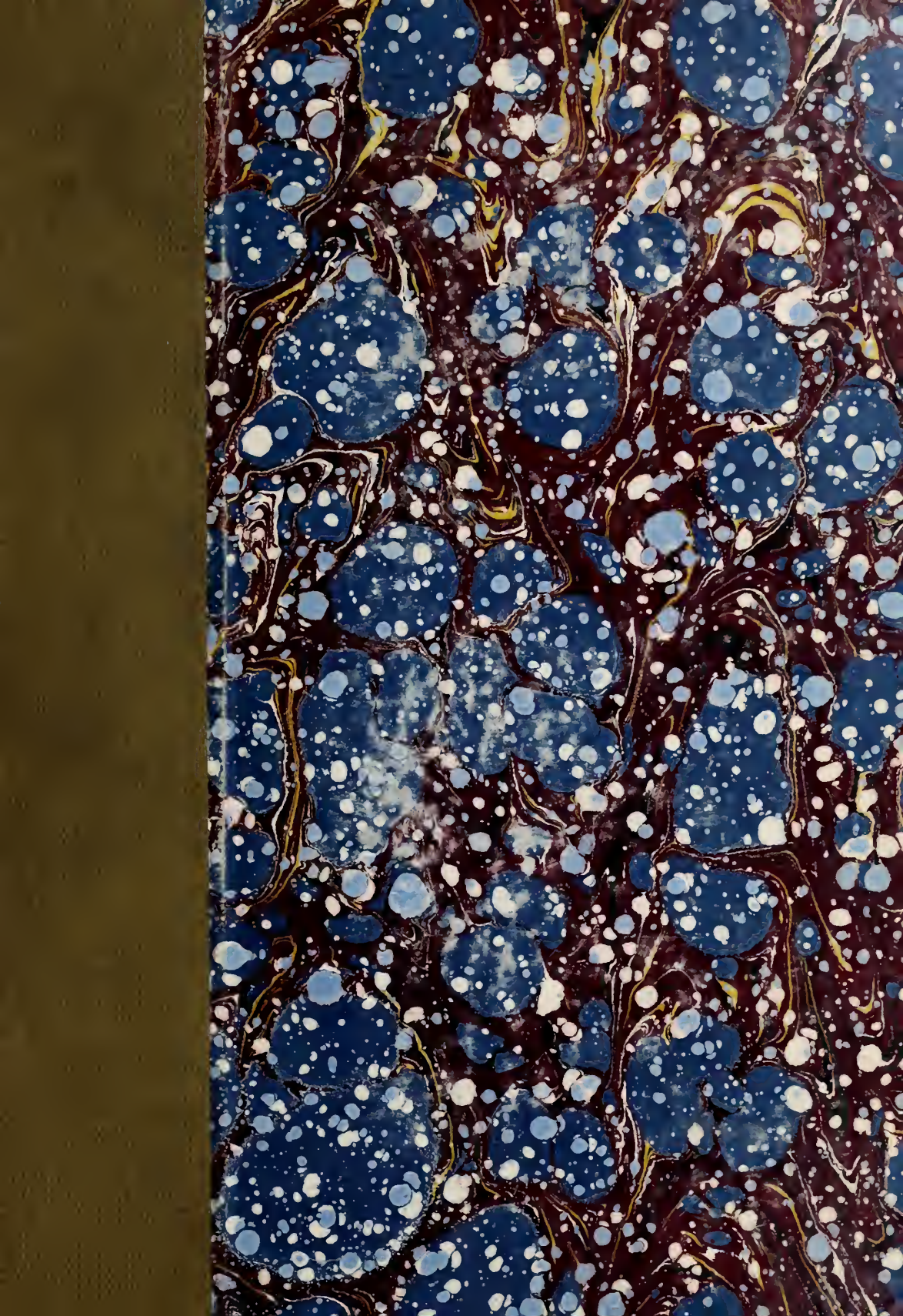

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Vol. III

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Original Contributions

DIAPHORETICS VERSUS DIURETICS.

By J. A. Munk, M.D., Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society)

In the early days of Eclectic medicine remedies were classified according to their physiological action into emetics, cathartics, diaphoretics, diuretics, etc. The methods of prescribing were somewhat crude, perhaps, but the results were very satisfactory. Changes have taken place since then and improvements been made, and the harsh drugs and crude methods of those days have been replaced by pleasanter and milder means. In the Lloyd Specific Medicines and the practice of specific medication modern Eclecticism has a system of therapeutics that is unparalleled in the history of medicine and is today without a rival. These remedies are not only used by Eclectics but, because of their intrinsic worth, are being adopted by all schools of medicine.

To some of us old fellows, however, who have watched the progress of events for many years, the question sometimes arises if a little of the old style of medication would not be good even at the present time. A thorough emetic of lobelia of the olden kind is, perhaps, the most disagreeable thing that a patient can take, but it is also one of the most effective methods that can be used for getting rid of a foul stomach. Its good effects are not entirely local by merely emptying and cleansing the stomach, but it impresses favorably the entire system by increasing the action of all the vital organs. A cathartic of podophyllin is equally searching in the opposite direction and when it gets to going actively in both directions as an emetocathartic the patient simply wishes that he were dead and expects to die, but its after rejuvenating effects more than compensate for the temporary discomfort or inconvenience that it may have caused. In speaking of these things Professor John M. Scudder, who was the originator of specific prescribing, used to tell his class that a doctor should sometimes take his own medicine when he wanted to experiment, as it taught him to be more considerate of the feelings of his patient when he was tempted to give heroic doses of some harsh drug, and cause him to desist.

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Diaphoretics and diuretics are equally important remedies, but are less harsh in their action. Measures to excite the skin to increased action are simple and numerous, but are now seldom used. There are medicines which possess distinct diaphoretic properties like asclepias, gelsemium and jaborandi, that will act if administered internally without the aid of other means to make them effective. There are many remedies which favor diaphoresis, but, in order to get their good effect, must be given with a hot drink or in connection with heat applied externally to the body. Even plain hot water taken freely, and the patient tucked snugly in bed with one or more hot water bottles, will soon produce profuse sweating. Many a simple cold or fever has been arrested by the timely use in domestic practice of a tea made of some simple garden herb like catnip or pennyroyal. Something like this only more so must have happened to Uncle Remus when he had an attack of measles in his old age and was "dosed up" by the "old woman" with "back rashuns of sassafrae tea." He naturally craved cold water to drink, but every time he "hollered for water" he only got more "bilin' hot sassafrae tea." Any kind of a hot bath aids in opening the pores of the skin; and the old fashioned spirit vapor bath will start the perspiration when all other means fail.

Diuretics are, as a rule, more disappointing than any other class of remedial agents. There appears to be but little if any uniformity or certainty in their action. A remedy that will cause a free flow of urine at one time will utterly fail to produce any such effect the next time it is given, and for no apparent reason. A decided diuretic action is often produced by the simplest thing when no such action is intended or desired. Eating an apple or a piece of watermelon, or drinking a glass of cider or lager beer, will frequently start an active polyuria; but at some other time the same thing will have no such an effect. There are many reputed diuretics which are supposed to cause a copious renal secretion, but I do not know of a single one that is always reliable. In such a case it would seem as if the remedy had suddenly lost its virtue, or that nature had balked and was rendered incapable for the time being of making such an impression. If I were asked to name a diuretic of the character described I could think of nothing better than turpentine, but even this does not always fill the bill.

In this connection it might be well to compare the action of the skin with the kidneys and consider the importance of their relation to each other. The skin is an elaborate apparatus designed by nature for cleansing the system and freeing it of impurities and is so constructed that it is not easily deranged

or injured by overwork. There is some secretion from the skin at all times in the form of insensible transpiration, which is its natural function, but there are times when its action and the elimination of waste matter must be increased. If the skin suddenly ceases to act, even for a brief space of time, death speedily ensues. This fact has been demonstrated many times in persons who had large areas of cuticle destroyed by burning or scalding. The skin is capable of performing much extra labor without receiving any particular harm and fortunately so, as its vicarious action in relieving other organs that are diseased is sometimes of the greatest importance. In this manner the skin acts in part as a substitute for the kidneys when they need help in an emergency. The skin should be kept in a healthy condition that it may perform its natural function properly.Ordinarily it is capable of taking care of itself, but is nevertheless benefited by a little extra attention. For this purpose baths are in order and should be taken regularly or whenever needed. Saying this, does not mean that no one is able to live without bathing at all, or that it is necessary to bathe every day in order to keep well. The frequency and character of a bath should be adapted to the needs of each individual case with a view of keeping the skin clean and its pores open.

Exercise is a wholesome stimulant to all the vital functions and is nature's diaphoretic and renovator. Any kind of outdoor life is beneficial and exercise of either work or play should be taken regularly every day by each individual. Every one who expects to keep well must take daily exercise by doing some kind of manual labor, and the action should be energetic enough to start the perspiration. Sweating makes thirst, which calls for frequent draughts of water to satisfy it. Water taken into the stomach under such conditions is quickly absorbed by the blood and discharged through the pores of the skin. By this method much more additional waste matter is carried out of the system than could escape by the usual process. Without work and a tired feeling there can be no rest and without some dirt there can be no real cleansing. Indoor physical culture is a poor substitute for an active outdoor life, but is better than no exercise.

It appears that kidney disease is on the increase and deaths from diabetis and albuminuria are of frequent occurrence. Particularly is this true here on the Pacific Coast where the air is always cool and the skin remains dry. Men of leisure or sedentary habits do not take enough exercise to excite the skin to action, which makes the kidneys do more than their share of work. The kidneys are a pair of small organs that are constantly on duty and never find any time to rest. Instead of

spurring them constantly on to greater effort they should be given a chance to rest. Men who live passive lives and eat and drink immoderately carry a surplus of material which the body cannot assimilate or utilize, but must be disposed of in some manner. As the skin is not in condition to do this work the kidneys have to do it and they are thus overworked and injured.

The prevailing practice in cases where the kidneys are involved is to prescribe diuretics to increase the flow of urine. The patient is likewise instructed to drink as much water as possible to flush the kidneys and thus compel them to work even when they are already overworked or worn out. The fad of drinking large quantities of water to force the kidneys is a mistake. It was started in ignorance and is foolishly followed by many well meaning, but misguided people. Instead of prescribing diuretics, give the kidneys a rest and use means to get the skin to acting. Work the skin but spare the kidneys. If men would pay more attention to the condition of the skin and quit worrying about the kidneys it would be an act of wisdom. A good rule for the average citizen to adopt is to exercise more and eat less.

PATHOLOGICAL SOLUTION OF THE RACE QUESTION.

By Dr. G. Henri Bogart, Brookville, Ind.

The negro race question, with all its puzzling conditions, its proposed solutions, and threatening menaces, seems to have settled itself along the lines of evolutional survival of the fittest, at least in so far as the North is concerned.

The ethnological and pathological factors of the extinction of the race, like the elimination of the Martians in H. G. Wells' "War of the Worlds," are so silent and impersonal as to be non-observable in outward appearance.

Destiny moves, impersonal, implacable, irresistible; and the efforts of the negro hater and his defender—the Tillmans and the Booker Washingtons—alike are of no more avail in this matter than were the wailings of the Roman matrons to stop the flames when Nero fiddled. The birth and death rates of the negroes in Indiana indicate that the race will have been swept into oblivion, in that state, within half a century.

Thirty years ago, on first meeting Prof. H. M. Skinner, of Chicago, he had, ere the introduction ceremony was completed, propounded the idea that the sexual "obliquity" of the colored female is the solution of the race question, through unconscious amalgamation. His theory seemed well based on facts, since,

a that time, the average Northern negro had evoluted into a mask of Caucasian features. As a believer in an uplifting evolution, the manifestation of Omnipotence, with plan and purpose, I could not accept a solution that removed an inferior race through corresponding decadence of the superior and absorbing race.

That trivial incident of the boy time has centered my attention on the race matter. Two years ago, vital statistics began showing such marked changes in the negroid life expectancy that I began collecting, tabulating, and comparing such figures.

The actual figures shall be taken from the records for Indiana. Through—it is said—the machinations of politicians—there has come to be a large population of ignorant Southern negroes in this state, as well as the normal, Caucasianed Northern type, some of whom are highly intelligent and cultured.

I have tried, personally, to investigate conditions, and it was more convenient as well as less expensive to work near home. The system of collecting birth and death data under the excellent plans of the state board of health is as nearly perfect as that in use anywhere.

Indiana, in 1900, had a colored population of 57,505, now estimated to be 65,000. The death rate in 1900 was 30.1, while for 1908 it has grown to 32.3. On the other hand the birth rate has shrunken, so that for the year ending July 31, 1909, it is only 13, and the shrinkage is increasing so rapidly as to be observable month by month.

For instance, April gave 78 colored babies to the 65,000 negro population, May 74, June 71, and July 65, so that though the year's average is 13, the last month runs down to an annual rate of exactly 12. Given a birth rate of 13, and a death rate of 32, there will be an annual deficit of 19, and simple arithmetic shows that half a century will have solved the problem for Indiana. I am well aware that popular opinion credits the negro with a wonderful fecundity; and as well as we may measure by decennial census enumeration, the black woman was much more prolific than her white sister, until 1880, when the balance swept over to the other side, and the blacks are losing with accelerated rapidity.

Popular opinion inspires popular articles that recite how we are growing "weaker and wiser," and tell what a terrible price we are paying for our strenuous existence, a price paid, so they relate, in life and health; but the figures show very differently, for the death rate for all persons has decreased from 17.1 in 1900 to 15.3 for 1908, these latter figures being for all

the territory complying with and reporting to the census department of vital statistics.

When a boy, and I am not an old man, I had my first acquaintance with an actuary's table, when I heard a sermon from one, showing that as the average expectancy of life was then between thirty-two and thirty-three years, and that as the life span of man was then that of the Saviour's earth life—so the preacher reasoned—we had reached the zenith of human development. And yet if we take the basis of one thousand, and divide it by the death rate of 15.3, we shall find that we average a life of over sixty-five years. The expectancy of life has doubled in these United States within a generation. Popular opinion howled itself black in the face over race suicide, and yet there was never a period when the birth rate is so far outrunning the deaths as now, so far as the white race is concerned.

The diametrically opposite conditions prevailing with the negro, in this matter, make the actual facts all the more startling. Recently I saw an article in the current press, bitterly scoring the life insurance companies for discriminating against the colored man. Knowing that there is no sentiment in insurance, and that there is some purely business reason behind such action, I investigated, and find that the death rate of the negro is such that the few companies which will accept a black risk do so under careful conditions, the majority not writing the negro at all. Increase in the death rate, and decrease in the birth rate, prevails through the vital statistic reporting area, and to the extent of progressive numerical loss to the race. In the "black belt," unfortunately, the system of vital statistics is such that certain information is not available, though medical friends who have gathered private data for me, have been greatly surprised at finding the same conditions growing there. The South is most certainly showing a falling off in colored births as compared with colored deaths, though how much can only prove conjecture, and the coming census will give little information, as the acceleration of the movement in the latter portion of the decade may be counteracted by a contrary condition during the earlier years of the period.

Now, as to the causes, I find the susceptibility of the negro to tubercular and venereal disease, and the horribly bestial degeneracy and sexual perversion of the ignorant type of negro, to be satisfactory explanation. The decline of the negro birthrate is co-extensive and synchronous with the development of gonorrhea, from a trivial local ailment, into a grave constitutional disease within the past thirty years.

The International Encyclopedia of Surgery, William A. Woods, 1882, one of the best authorities of that period, devotes large space to the proving that gonorrhea is non-specific, and on page 329, Vol. II, recites, "We may maintain the original proposition that gonorrhea may be contracted from any and all vaginal or uterine discharges," and "It is never safe to say that any given case of urethritis has resulted from impure intercourse." Recently the gonococcus has delved back until gonorrhea has been found in the kidneys, the heart, and cerebral ventricles—fatal, of course. How many deaths have not been subject to autopsy and proper microscopic study is beyond any guess work, even, though it must be considerable.

An insurance president, Mr. Rittenhouse, of New York states on the authority of Prof. Fisher of Yale that deaths from Kidney trouble have increased fully 131 per cent since 1880, and then comments on the increase of heart and brain affections as causes of death; and I find the increase parallels the increasing gravity of gonorrhea. Sterility most commonly results from the inflammatory action reaching back, and occluding the vas deferens and oviduct. It may be asked why this gonorrheal taint should more injure the negro than the white. The negro is more susceptible to constitutional taint than the white.

Nearly all of the Southern blacks who come North congregate in the cities, where amid the solitude of the crowd the restraints of their previous life are removed, and public vice may be as private as the victim desires. That Southern negroes foregather in the cities is best shown by the fact that thirty-one per cent of the colored population of Indiana is found in Indianapolis, and fourteen in Evansville.

I thoroughly investigated dives of this kind, and a nasty work it was. The utter depravity, the sexual degeneracy and degradation of these people is unprintable and, by the average person, unbelievable. All night long I have gone from place to place, and with the Bohemianism of a trained newspaper writer have been able to get the confidence of these creatures; indeed they seem to take absolute pride in their depth of degradation, and will gladly cite one to other and more secret places, if convinced that he is not a police officer. I saw in one cellar saloon, near morning, nearly half a hundred drunken street walkers, and probably as many colored men and boys, but save my newspaper reporter friend and myself, there was no white man present, and I went away, wondering whether the great heavy lips were not accessory sexual organs de novo, as well as de facto. I am positive that every woman in the room was re-

cently from the South, and they assured me that the practice of cunni lingualism was common in every community from whence they came. One was tempted to wonder whether Shakespeare used the language of the quarrel between Katherine and Petruchio in Act II, scene I, of Taming of the Shrew as metaphor, or fact. I frequented the loafing places of the flashily dressed bucks in the late mornings, and behind the shield of a cigar and newspaper, heard these depraved creatures relate unspeakable experiences, with the greatest abandon and gusto, and then I wondered less at the diminishing birthrate.

Fairness impels me to say that what I have described is not the universal condition of negro people in this city. For instance, there is a Catholic academy for colored girls, a branch of the Franciscan Sisters of Oldendurg. There are Protestant and civic societies of high order, and the negro probation officers, serving without pay, are among the most earnest helpers of the juvenile court.

The fact remains however that, with a birth rate of 13 and a death rate of 32, and with the two extremes in vital statistics getting farther and farther apart, the census of 1920 will show a marked diminution in the negro population; and it seems to me that the elimination of the classes most affected by the causes (which I have not described, but merely hinted at) will be a benefit not only to the national wellbeing, but to the residue of the colored folks.

THE NEGRO AS AN OPERABLE SUBJECT.

By Lucien Lofton, A. B., Ph. D. M.D., Emporia, Va.

Surgeon to Southern and Atlantic Coastline Railways. Coroner, County Physician, and Health Officer to Greenesville County, Virginia. Ex-President of the Seaboard Medical Association of Virginia and North Carolina; and Ex-President of the Southside Virginian Medical Association.

Barring his lungs, the negro is the most operable specimen of the human race I know. I say this unreservedly, after an experience in medicine and surgery, covering a period of fourteen years.

I will not enter into the reason of why the negro is the better and the safer subject to operate on, for if I did, many fancied pictures could be drawn. This I do know. He will recover in the majority of cases, where the average white man will succumb.

Emphasizing the above statement, I wish to report a selected series of cases which have come under my personal observation during the past eight years. I have selected from

among a large number, the following subjects, as evidence to support the opening paragraph of this paper.

Case No. 1, J. R. S., aged 26. Saw-mill operative living at Dahlia, Va., 1900. While in an altercation with another negro was struck with an axe upon the left side of the head about one sixteenth of an inch above and behind the auricular attachment, the blade of the weapon being forced into the cranial cavity two and a half inches. I saw this man approximately forty-six minutes after being injured. He had never lost consciousness although a violent progressive hemorrhage had very naturally resulted

A careful examination revealed that both tables of the skull had been penetrated; that the lateral sinus had been injured; and that the brain tissue with its covering had been badly damaged. Blood poured from the wound in a steady but sluggish stream, and at each pulsation of the heart, brain matter was seen oozing from the aperture. The pulse remained undisturbed, being about normal. There was no loss of sensation among the muscles of the right side, nor was vision disturbed in the slightest. Carefully removing what macroscopic debris I could with wet absorbent cotton I cleansed the wound per se with a solution of alum water (a teaspoonful of powdered alum to a pint of raw well water). This in a measure temporarily checked the hemorrhage. I packed the cavity with sterile gauze which had been wrung out of the alum solution. This procedure was accomplished with firmness, which controlled the flow of blood and brain matter. The head was swathed in a tight fitting cap of gauze made secure by lint bandages.

The man, upon completion of the toilet, walked a distance of three hundred yards to his shanty, pulled off his clothes without assistance, and went to bed. I did not stimulate the patient, as he did not apparently need it. I saw him two days after the initial dressing when the intra-cranial wad of gauze was removed. There was a discharge of loose blood clots mixed with cerebral tissue. No odor. No infection. Pulse good and no temperature. Appetite had never been disturbed, the man living on gross saw mill rations all the while. Renewed alum-gauze packing. Fourth day man got up and walked to commissary, a distance of three blocks, and called for something to eat, securing cheese and cakes.

Fifth day I removed second dressing. No evidence of infection. Same toilet. On ninth day man removed dressing in its entirety without my consent, and on the eleventh day went back to the woods resuming his occupation as a sawyer.

Strange to relate he has never had the slightest inpedi-

ment of speech or motion, and is today living near Emporia, a healthy specimen of the negro laborer.

Case No. 2, E. J., aged 16, Freeman, Va. On Dec. 25, 1907, was shot by a companion with a charge of bird shot, the left popliteal space being entirely torn way. I saw this man nineteen hours after injury. Practically exsanguinated. Rational. Pulse one hundred and twenty. Advised amputation above the knee, explaining the value of saline infusion. Refused operation. Wound dressed and continuous heat ordered, applied to extremity. Saw boy three days after initial visit. Left leg cold and lifeless. Advised amputation which was again refused. Pulse one hundred and ten. Temperature ninety-nine. Renewed dressing. Ninth day saw him again. Gangrene had set in and line of demareation had formed two inches above knee joint. On the twelfth day wth the assistance of Doctors McNair and Mahood of Emporia, the limb was detached with scissors simply snipping the ligamentous attachment. Raw granulating surface and entire knee joint exposed. Amputation again refused. Pulse ninety-nine. Temperature normal and good appetite, which had prevailed during the gangrenous period. Here was a natural amputation which defied all of the laws of antisepticism. The boy, about eight weeks after injury, was taken to the county poor house of Brunswick near Lawrenceville, where he was finally induced to have the leg put in proper condition. He is now hale and hearty, minus a leg.

Case No. 3, S. T., aged 71, Gaskins, Va. Robust and active for one of his age. A shingle splitter. On the night of Nov. 26, 1901, was sent for by this man who lived twelve miles southwest of Emporia, the messenger explaining that the old man had suffered with a case of "colic for two days and nights." By way of digression may I be permitted to say that this forty-eight hour attack of colic made my surgical ears prick up with unusual interest. I reached the man's bedside about 2 a. m. and found he had, while lifting a heavy cypress log, become ruptured, explaining between groans that something had torn "loose down below." The bowels had refused service from salts, oil, and several doses of pills, but the stomach had readily assuaged the condition by repeated and copious eructations, which upon my arrival plainly evidenced faecal composition. I found a strangulated hernia, at two in the morning and twelve miles from surgical assitance. It was an emergency call indeed. I gave a "hypo" of one-half grain of morphia sudphate and one-seventy-fifth grain of atropia sulphate. The tumor was washed with soap and water, meantime telling the man's wife that a slight operation

was neeessary to relieve her liege lord. "Yes sah! dat's all right" naively assenting. I prevailed upon the ebony shrew of the cabin to hold a lamp, whieh she did by offering a globeless one, and turning her baek upon me. I eoeanized thoroughly the integument with a two per eent. solution of the alkaloid. At the seat of eleetion, I eut down on a beautiful speeimen of a gangrenous tube a shade lighter than the epidermis of its vietim. Presenting, there was nine inches of ileum to be removed and a small pledget of omentum that needed amputating. The case was a direct ingninal eondition with whieh I had to deal. I eleansed the pocket of its contents by eutting the impinging eonstriction and fed out to a safe anehorage the gut, when I bathed the opening in about four drachms of the eoeain solution. Removing the impacted and lifeless piece of omentum, I tied. Clamping the healthy part of the intestine with a gauze protected forcep of long shank at a safe distanee, I removed the dead portion with seissors, washed the exposed ends and brought them together telescope fashion, making a eircular in-and-out stitch with the needle and thread. The operation was completed in about forty-five minutes. The man's wound was dressed in the usual way. Bowels moved in two days without artificial assistance. At no time did the temperature exceed one hundred. In seventeen days the negro was out and doing well. Last year this man passed away from an attaek of pneumonia. I tried to get a post, but it was regarded as a desecration, and I withdrew.

Case No. 4, C. H., aged 27. Saw mill operative shot by another negro with a pistol in Surry County in the spring of 1907. One bullet entered the chest below the left nipple, one in the middle abdominal eavity two inches to the left of the median line, one midway between the greater iliae crest and the navel, and another in the left shoulder, ploughing its way posterially through the scapula. Where the leaden missiles lodged I do not know. The man rode in a wagon twelve miles to Stony Creek, Va., and eame by train to Emporia, a distanee of twenty miles, where I saw him the day following. He was seen upon arrival by two physicians of Emporia, and I was called, presumably from the fact that I am eoroner of our eounty. An unfavorable prognosis had been made. There was a general emphysematous condition of the ehest walls, and he was expeetorating blood every few minutes. I took the case and gave him the following preseription after he had refused surgical intervention. Aromatie Spirit of Ammonia, Sweet Spirit of Nitre, one ounce of eaeh, and Morphine Sulphate grain, one teaspoonful every two hours. The wounds

were dressed while the chest was encased in a tight fitting jacket which was re-inforced by a circular five-inch bandage.

During the next twenty-four hours, the man rested quietly and the bloody sputum began to clear. Liquid diet was enjoined, likewise absolute rest. At no time did the man run a temperature or apparently have any peritonitis. Bowels were evacuated under saline stimulation on the fifth day, after which regular diet was resumed. In eight days the man was upon the streets of Emporia. This negro recovered from the fact that I did not meddle. It was a chance a negro will take, and he won.

Case No. 5. J. M., aged 29, Turners, Va. While attempting to walk on an ice-covered plank in December, 1905, fell and sustained a compound fracture of both bones of the right fore arm, about the middle third of the member. The distal end of the broken ulna protruded from the wound approximately one inch, ending in a well defined "V" shaped projection.

This piece of bone was released and reduced along with the radius, fracture splinted and the external wound stitched while encased in an antero-posterior fixture. A wet dressing of Listerin, Carbolic Acid, and water was given for repeated ablutions especially upon pain. Syrup Lactophosphate of Lime was given internally in tablespoonful doses q. 4 h. Toilet repeated every fourth day, for twelve days, when dry dressing was substituted. Splendid union resulted, no pus or temperature at any time, or any crippling. The man is now an active citizen of his community.

Case No. 5, O. S., age 24, North Emporia, Va. Occupation day laborer at local box shook mill. In the spring of 1907 on attempting to adjust a belt to a pulley his clothing was caught by the belt and his body drawn up to the ceiling of the house to an iron shaft, where it was whipped around this rapidly revolving shaft until the left upper extremity was pulled apart, separating about four inches below the shoulder joint, when the man's body fell to earth a distance of about ten feet. Within a few minutes he had regained consciousness. The injured man was seen by the speaker within ten minutes following the accident, when hemorrhage was controlled and a hypo-dermic of morphia and strychnia was administered. He was taken immediately afterwards to his home, about one mile distant from the scene of accident, where under chloroform I made a high near-shoulder amputation, assisted by Doctors Davis and Mahood of Emporia. The muscular tissues of the arm were severely bruised and strained which gave a most unfavorable prognosis. However, the

wound was dressed in the usual manner and the man put to bed. On the fourth day he sat up. On the seventh day I was hurriedly summoned to see this man and found considerable evidence of hemorrhage, the reason being he had fallen over a chair in his room and had hurt the stump. I dressed it again on the tenth day, meeting the negro in the road near his home. He was discharged in fourteen days cured. But for the accident to the stump, I believe he would have been released sooner.

A peculiar thing about this man, which by the way is common to all negroes, speaking from a surgical standpoint, is that they withstand that devitalizing condition we recognize as profound shock, more successfully than does any race I know.

I could recite in detail many more interesting cases, but my one idea was to direct your attention to the unknown something a negro subject possesses that probably might suggest an extra and unexplainable index, that curative but unharnessed force which gives mental surcease to the medical idealist.

The negro finally, therefore, is the ideal subject for operation. He is unique, he is patient and uncomplaining. He is optimistic, credulous, confiding and ignorant, but grateful, all of which make him a concomitant surgical treasure.

CHANGE OF LIFE—TURN OF LIFE—CRITICAL PERIOD.

By E. Mather, M.D., LL.D., Detroit, Mich.

(Continued)

Puberty and change of life are caused by physiological and anatomical changes in the same organs; puberty is ovarian evolution, change of life involution or stoppage. The true seat of both is in the reproductive centre in the brain, the one growth, the other death to that special centre, the ovaries being merely the organs to perform the work.

When with proper age and perfect blood development, this co-ordinating reproductive centre in the brain matures (puberty) the seed or egg organism, the ovaries, increase in size, become very vascular and begin to let fall ovule or eggs every twenty-eight days and cause in modern civilized woman menstruation.

Now when the reproductive centre in the brain dries up, which it usually does after thirty-two years of activity, the change will then come, the ovary or egg-bed, which during the active period was smooth and turgid, becomes dried up, shrunken into a knot like a peach stone and it becomes diffi-

cult to trace the cavities of the graafian vesicles for their walls are pressed together. A few years later they shrink, and still wither more, become atrophied, so much as to be no larger than a bean and later are completely obliterated, being marked by fibro-cellular tissue.

Now this ovarian atrophy, or shrinkage or wasting or withering comes from a want of germinal influence from the brain, there being no use for the organs, for they wither and die.

This change is accompanied with corresponding changes in the fallopian tubes, determined by the same cause, these tubes contract, wither, become impervious and perfectly obliterated, the same condition of non-use, want of stimulus, or enfeebling energy causes the womb to contract, become small, round like an orange. Its neck becomes thinner and shorter and obliterated and in some cases an obliteration of its mouth takes place; now the vagina becomes very narrow, short, and there is a shriveling up of the pampiniform plexus of vessels which previously supplied the organs with blood which accounts for the remarkable coldness of the parts.

Now incidental to this general collapse, the broad ligaments that retain the womb in its position also shrink and disappear, the breasts which are a part of the reproductive system, become cold, small and wasted. During the change they are often seriously affected, being painful and congested, if not otherwise diseased. Yes, it would be a matter of infinite surprise how so many phenomena of health and symptoms of disease could be determined by two little bodies whose structure does not appear complicated but the fact is unquestionable that not the bodies, but the brain, is the source or seat of change. The ovaries are energized by that nervous centre of sexual power located in the spinal cord opposite the fourth lumbar vertebra and supplied from the cerebral centre, but although a central act in the brain through the cord, there can be no perfect exercise of sexual power without well formed and healthy ovaries.

The ovaries influence all parts of the body (directly the cord and brain) through the medium of their nerves, for as they have both ganglionic and cerebrospinal nerves, they can react on both the ganglionic nerves and their centres and the cerbro spinal and their central organs.

Now whether the ganglionic be an independent system of nerves or an offshoot of the cerebro spinal nervous system, it is not necessary here to discuss.

All are agreed that vaso-motor nerves follow every capillary to their minutest ramification and govern the nutrition of every part of the body.

All organs of nutritive life are supplied with ganglia and a plexus or ganglionic nerves, but they all communicate together and with a larger plexus and more voluminous ganglia, situated on the viscera of the abdomen. And before these foci of nervous matter were discovered, this region, that is the ganglia and the bowels, liver, spleen, bladder, kidneys and reproductive organs was called the lever of forces by which the body is moved.

Sensation and motion are dependent on the cerebrospinal nerves, nutrition on the ganglionic, but there is a concentration of ganglionic nervous power in the central ganglia which gives and receives from each viscus a variable impetus; the ganglionic is a centre of nerve force, capable of controlling and disturbing the various parts of the body by its nervous fluid or soul.

It will be found the human body is so constructed that the various component organs act upon each other in the way most conducive to health, until the age of puberty.

At that time health may fail and the whole system languish, unless the reproductive organs come into full activity. From puberty to the change of life, now the health of woman cannot be maintained, without an energizing influence from the reproductive centre in the brain and cord, so as to impart an appropriate amount of ovarian influence.

If the ovarian energy reacts under proper nerve stimulus in a healthy way it will augment, vitalize, energize the visceral centre or brain and cause the function of nutrition to be performed with increased energy, give vigor, instinctive consciousness of strength.

If the ovarian energy be inefficient the abdominal brain, the visceral centre of ganglionic action, is half or partially paralyzed and uneasy sensations are felt at the pit of the stomach, a feeling of faintness, goneness or even actual fainting is sometimes induced. Defective nutrition follows with anaemia of the cord and brain, vulgarly termed hysteria, met with at puberty, during pregnancy, lactation and change of life. If the brain does not furnish the necessary amount of ovarian stimulus so that evolution is inefficient the menses will come on in an irregular way off and on and likely scanty, if it be too strong, as under emotion, passion, it will react upon the adjacent viscera and cause violent disturbance.

We find that all the organs in the chest and abdomen are on their front part covered over with the cervical sympathetic, similarly endowed with ganglia or little brains, they are knitted together by a mysterious net work of nerves, they sympathize with each other at puberty, menstrual period and change of life, and in this way any disturbance of the ovaries irrespec-

tive of reflex states will give rise to nausea, sickness, depraved appetite and deranged bowels and kidneys. Now if the ovarian stimulus be too great for the allied abdominal organs, there may be pain in the ovaries themselves, pain disturbing sensations, irritation which may be transmitted to a weakened cord and bulb, then hysteria, tetanus, nervous irritability, restlessness, hysterical convulsions or there may be a numbness in the skin and various other parts. The strength or relative weakness of the nervous system may be inferred from the condition of anaemia of brain and cord that is present, the solar ganglia in both sexes form an important centre of nerve force.

Insufficient ovarian influence having reached the solar plexus affects the brain chiefly by means of the pneumogastric nerve, so any disturbing influence at puberty, pregnancy, parturition, change of life, may be shown by the distressing headaches, fretfulness, peevishness, irritability, capriciousness, perversion of the moral nature, moral insanity. In other cases excessive or disturbed ovarian action is manifest by high spirits, or depression, a cloud or a weight on the mental faculties, haziness of mind, brain muddled, memory faithless and an unquenchable desire to sleep during the day, remaining awake all night, almost amounting to coma or lethargy.

From puberty to the change, healthy women when not pregnant or nursing drop ovules every twenty-eight days and as a rule modern civilized woman looses four or more ounces of blood.

Still there are women in perfect health, who live according to nature's laws, and eat healthy food, also avoid modern literature as a destructive ovarian poison, that have perfect ovulation and are easily impregnated and whose womb does not bleed on the shedding of the egg in the ovary and dropping within its cavity.

Now these women enjoy the very highest possible standard of health.

Take the Indian women, in their aboriginal state they very seldom lose blood at the monthly period, nothing but a white glairy discharge.

Sexual involution has an ill-defined beginning and end and only one fixed date, cessation. The activity of the menstrual period is usually thirty-two years, between fourteen and forty-six; still there are cases, where the menses stop as early as twenty-one, thirty-five and at all periods up to sixty. The average, however, is forty-six, and more women cease to menstruate at forty-five than at any other period in life.

It of course depends greatly on accidental conditions of life. We will take blows on the head or back, frights and various other nervous states which may prevent its

appearance and arrest it at any time, either when the discharge is on or off, and if the shock is grave, forever.

Its continuance depends greatly on the state of the health, the richness and purity of the blood, the freedom from worry, struggle shocks, jars, also uterine and other nervous diseases; still taking all these into account the average among our ladies is forty-six.

Races being essentially distinct, have each their peculiarities in menstruation.

You will often see it said that the Hindoo women run from twelve to sixty, that is when free from disease, the Laplanders and other races have different peculiarities and eccentricities. Now ovulation and menstruation stand together, very nearly as cause and effect. Periodicity is an element in a woman's nature. Vaginal blood, even if it occurs with periodicity when late in life, may not be menstrual, but may come from congestion, ulceration at the neck, polypi, or some other morbid state. Still there are as we know, very rare cases of cessation at sixty-two or later in strong constitutions, so it is well to be guarded. Cases menstruating at sixty and seventy are mostly due to some disease. The Irish, at home, in their salubrious atmosphere with a fish diet are very remarkable for their fecundity. Their nervous systems and their ovaries are endowed with wonderful activity. The fish-eating and oat-meal consuming races, as the Scotch, Swedes, Danes and Canadians have strange procreative powers and reproduce themselves speedily.

Ovarian activity then is commensurate with constitutional vigor. An unusual prolongation of ovarian life and longevity indicates a healthy condition of the functions of vegetative life, and when prolonged it implies great vigor, strength and endurance, and means a good old age.

Now during the tears, struggles and hopes, also cares, and sorrows, vicissitudes of life, the ovaries are often simply paralyzed and their action suspended; visceral disease has the same effect, when the disease is cured and better health brought about, their activity is restored, still there may be a stoppage for a long time, and then a recurrence.

Now a woman past the age of fifty-three may be regarded beyond the age of child-bearing, except in very rare and exceptional cases. Pregnancy late in life is very often mistaken for other diseases and late labor is also very dangerous to the mother; indeed, it may be regarded as an extraordinary risk.

Cessation is often delayed by morbid blood and affections of the womb and nerves, ulceration of the Os. You must again bear in mind that there may be uterine bleeding without menstruation, therefore it should not be called menstrual un-

less it occurs between fourteen and forty-six, comes periodically or with periodical paroxysms, and the blood has the characteristics subsequently described. On the approach of a fever or pneumonia or intense worry, or excitement, the womb on an elderly lady may bleed.

Early cessation is very common and consists in a premature paralysis of the ovaries, and this extinguishment of the reproductive force may be caused by hard work, worry, miscarriage, or induced abortions, falls on back, fright, cold wet, purging, cholera, fever, lung trouble, drugs, occupations, all paralyzing influences. It is called early any time before forty-six whether it be at twenty-one, twenty-eight, thirty-five or forty-two, this condition runs in families; mothers and daughters resemble each other in this special department only.

Women of the same family usually begin to menstruate at the same date, have the same kind of trouble, same eccentricities same complications cease at the same time, with the same peculiarities, and even die under the same conditions, now in this alone they resemble the mother. In their mental characteristics and conformation they are specially the same as the father.

You will notice that prostitution has a fearfully deteriorating influence on both brain and ovaries and causes a loss of reproductive power, the vagina of a woman whose sexual act is loose and varied is cold, it has lost its vital vigor and contractility, it has no vivifying influence on the male. Its mucous membrane is purple or livid, it has none of the cherry redness of the virgin and is also even in a more dilapidated condition than that of a woman after the change has taken place. Should they live over the three years alloted to their abnormal existence, they change, irrespective of age.

The conditions of life have a modifying influence on menstruation and change, the former comes on late in the poor and ceases early, in the rich it is early and holds on longer.

Menstruation generally takes place about the period of full moon in about two-thirds of all cases, the other one-third in the middle of the month. In spite of this disparity there is no doubt that ovulation is regular, uninterrupted, but the menstrual function shifts, owing to some special attribute of the nervous system, and this fact shows that it is governed by nervous influence and shows how strong emotion may repel or alter the time of its appearance.

Menstruation is the effect of ovarian action, the shedding of an ovule, but the menstrual flow, or discharge of blood can occur without ovulation, just as ovulation may occur without menstruation. Nervous emotion, over-exertion, reading sexually exciting literature, passion, hearing disagreeable news,

fatigue, and jars will sometimes bring on menstruation in a lady without an ovule being shed. That sudden passion should cause the uterine surface to perspire blood is a well known effect.

The average duration of the menstrual function is thirty-two years, which is the possible duration of female fecundity, and also of each successive generation. The mode of stoppage in the largest percentage of women is by a gradual diminution of the flow, by successive floodings, or by a sudden stoppage of the usual flow, or by alternate copious or scanty flow, or at irregular intervals longer or shorter than twenty-one days. The greatest number exhibit a diminution, a gradual decrease in quantity, also in the time of its duration; in another class it is erratic and the duration irregular; in the next class, where there is flooding, the flow growing less and less, also at long intervals apart, until it becomes a mere show.

The discharge at first is like blood, but becoming blacker and blacker, also clotty, then like cinder-dust or dirty green water, in some cases like a lochial discharge in smell.

In health the menses are not to be regarded as pure blood; there are certain chemical elements in them induced by the brain, ovarian act, the presence of the ovule, that renders this blood totally different from the blood circulating through the lady's body, so much so if it is absorbed, owing to sudden suppression, it will not mix, but is thrown off at some weak point in the skin, lungs or bowels; it is sweet, not saltish like pure blood, but prior to and during the change it is still further altered in quality, whether it be scanty or profuse, at first paler in color, or later brown or simply green water. You will notice that ovarian influence as a rule begins to fail before menstruation becomes irregular, because when the sexual organs are healthy their loss of power is gradual, the ovarian forces become feebler and feebler until they can no longer determine any influence over the uterus and the discharge subsides.

SOME ECLECTIC HISTORY (Continued).

Ovid S. Laws, M.D., Los Angeles, Cal.

As stated in my last paper, one more case was treated on the insurance plan, but considerably later. My success with the others gave me an open field for all sorts of cases. A distant relative of my hostess owned many negroes on a large plantation. He had one left of a large family that had died of "negro consumption." His name was Ben, and he was about twenty years of age. His brothers and sisters had all died about that age or sooner. so his master had no encouragement to spend much money trying to have him cured.

He offered to pay fifty dollars for a cure and that meant when he was able to take his place as a field hand on the farm. The chief trouble in his case was in his stomach. It stood out prominently and seemed hard as a ball of wood. I adopted a mixed treatment, using both medicine and electricity.. The syrup of elderberries, prepared by my own hands, was the internal remedy. It was given in tablespoonful doses, four times a day. A strong current of electricity was applied daily to the tumor-like stomach which was not painful at any time. Thus the battle went on for over a month before softening. After that it yielded rapidly, but the electricity was scattered along irregularly to suit my spare time. A marked improvement in Ben's health was now noticeable. The ash color of his skin began to fade and the shining black took its place. The cure was complete in about three months and Ben took his place on the farm.

Electricity and the simple syrup of elderberries did the work. I think neither alone would have done it.

I look back upon those three cases as among the best of a long and eventful practice.

Southern Kentucky, in those days, had an annual crop of fevers from mid-summer until late in the fall. Many cases came under my care. Luckily, by some means now forgotten, some literature of Dr. Norwood telling of the wonderful effects of Veratrum Viride in all cases of fever came into my hands that summer and I at once sent to Louisville and got an ounce or two at $1.00 per ounce. I never had heard of it before, but I felt sure from Dr. Norwood's statement that it was a much needed remedy.

King had given a brief notice of it as "said to be useful as an antispasmodic in various cases," but no importance was claimed for it. So that was another new thing introduced into the "backwoods" of old Kentucky. Dr. Norwood claimed that if properly managed it would abort all forms of

fever when given at the start and cure many advanced cases that had become hopeless. His method was to begin by giving one drop of veratrum for the first dose and in three hours give two drops, thus increasing one drop at each dose three hours apart until the patient became nauseated, and then cut down the dose one half and keep it up at that every three hours to prevent a return of the fever. I followed this plan at first but soon began to give the doses two hours apart. No man was ever more astounded than I was at the results of this treatment. I had from my childhood seen fevers treated by giving emetics, cathartics and diaphoretics for many days before the fever would be "broke," and then not so completely knocked out as a few drops of veratrum would do it in a few hours with nothing else to help it.

All cases of fever were treated in the same way and all were "broken" within twenty-four hours and no return when the directions were followed out. In one case the old lady nurse was so astounded at the effects of the drops, that she failed to give any more after the vomiting ceased till my return the next day. By that time the fever had returned in a mild form and ran on for many days. No more attempts were made to break it up. Nearly all patients vomited freely when the doses got up to the nauseating point, and it was just such an emetic as an Eclectic of those days liked to see. The stomach gave up all of its contents, the liver poured out its bile, the skin opened its flood gates and poured out the poisoned waters and, in some cases, a free cathartic effect was produced, especially in children.

Thus I had a careful trial of veratrum viride in heroic fashion, such as no doctor at the present time would dare to venture upon. The only attention paid to the pulse was to get it down to normal and hold it there and, when that was done every other function seemed to be in harmony with the circulation. These things occurred before I ever heard of John M. Scudder, the author of "Specific Medication."

This early knowledge of the marvelous effects and reliability and wide range of usefulness of veratrum viride gave me a great advantage over my competitors in the field of practice wherever I went. It would be a good thing for any doctor to carefully read Dr. Norwood's literature on the use of this drug.

The heroic use of medicine is a good thing sometimes.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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CAN WE STAMP OUT TUBERCULOSIS?

During the year just past a great deal of excitement has been caused by many well intentioned persons in their efforts to educate the people on the subject of tuberculosis. These persons believe that they have accomplished much and that they are going to accomplish a great deal. And, as is usual with enthusiasts in whatever cause, they have made some statements which are so great an exaggeration of the truth as to be a perversion. For instance, it is asserted that consumption is an infectious disease, and that all that is necessary to do is to establish a rigid quarantine and the disease will speedily disappear. Far be it from us to decry any plan which is likely to be of benefit in curing or preventing disease. However, we desire to suggest that quarantine regulations never stamped out any disease. That they assist in its control is undisputed, but the disease lingers about until the conditions become unfavorable before it disappears. Furthermore, after a time when things are more propitious for its development it returns and there is a new crop of victims. The disease flourishes anew because of many things beside the mere fact of a new infection. It is probable that all of the infectious

diseases reeurring periodieally in a given loeality are constantly present in a latent form. May not a disease have a quiescent period as does a flower or tree?

Again, we all know that some persons readily "take" a given infeetious disease and that others do not. And that while a reliable foreeast is diffieult to arrive at in all of the aetively infeetious diseases it is eomparatively easy in all of the mildly infeetious ones. For instanee, any observing old lady in your elientele ean tell you whieh of the boys and girls of your eommon acquaintanee will have eonsumption, and the passing years usually confirm her foreeast. In faet, such information is a matter of eommon knowledge in any intelligent neighborhood. The doetor knows it better than anybody else and he sets about preventing the disease in sueh a predisposed patient. How does he do it? To prevent infeetion is a worthy but hopeless effort, for we all know that the baeillus tuberculosis is eonstantly present in all settled communities. A mueh more effieient plan is to inerease the resistanee, to "**build up**" the patient. This is not easily aeeomplished but it ean be done in most eases. Here will be needed all the patienee and skill of the praetitioner, but the object sought is worth it. What is this objeet? It is by inereasing assimilation, metabolism and exeretion to raise this patient from weakness to strength. By sueh means a new body may be made.

A rigid quarantine will help to eontrol eonsumption, but we shall have it with us so long as weaklings are born.

SOCIETY CALENDAR.

National Eeleetie Medieal Assoeiation meets in Boston, Mass., June, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Seeretary.

Eclectie Medieal Society of the State of California, meets in Los Angeles, May, 1910. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Seeretary.

Southern California Eeleetie Medieal Assoeiation meets in Los Angeles in May, 1910. Q. A. R. Holton, M.D., Whittier, President; M. Blanehe Bolton, M.D., San Pedro, Seeretary.

Los Angeles County Eeleetie Medieal Soeiety meets at 8 p.m. on the first Tuesday of eaeh month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Seeretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Dec. 7th at the office of the college.

In the absence of the president, Dr. O. C. Welbourn, Vice-President, presided. Dr. Munk read a paper on "Diaphoretics versus Diuretics," and this was thoroughly discussed by the various members present.

The annual election of officers followed, and resulted as follows:

President: Dr. James Beard;
Vice-President: Dr. O. C. Welbourn;
Sec'y & Treas.: Dr. P. M. Welbourn.
Auditing Committee; Drs. Beard, Munk and Finch.

The next meeting will be on January 4th at the same place at 7:30 p. m.

P. M. WELBOURN, M.D., Sec'y.
O. C. WELBOURN, M.D., Vice-Pres.

FELLOW ECLECTICS!

We make this appeal to you in the interests of our State and National societies.

May we not urge upon you the need of bestirring yourselves at this time to help yourselves and us in organizing a strong society which will be a credit to the cause which we are to build up. We appeal especially to you, young men, for two reasons: we need the young men to take the places of the older who from age are dropping from active work and active support of our organizations.

Second, if we do not look to our young men and get them into our societies where they belong, the allopaths will induce many of them to join their societies, and they thus not only lose their interest in our cause but they lose their identity as Eclectics, because they are then referred to as "one of our men;" as a member of "our society," but are not referred to as Eclectics.

Far and away beyond all this is the evil influence they will wield with the names of liberal men on their membership lists, when for any reason they desire to influence legislators or officials. They can do this for the **name** is **there** and the **man in question is one of them.**

According to existing laws a man must first join his State society and that makes his membership in the National obligatory, except he be superannuated or an honorary member. The State Secretary of necessity collects the state dues,

either he or the State Treasurer. These officers know who are in good standing and the state society which adopts a resolution to enter the National as a society, thereby pledges the payment of $2.00 per capita to the National for each member in good standing. All who wish to remain in good standing in one or the other must pay into his state treasury **Two Dollars** for the National and that is paid to the national treasurer by the state treasurer.

I am sending a personal letter to each individual Eclectic in the state and ask you to shake off the apathy and arouse yourself for your own good. All liberal physicians should awake. Never in our history were we menaced as now. Never was so much chicanery evident, never so much cunning manifested in circumventing us.

The reaction has begun. Our people are seeing, not through a glass darkly, but have had the daylight let in through treachery that in some instances is astounding. The sooner Eclectics awaken, the sooner they set up claims for and defend their rights, the less will they have to surrender or retake. But, the isolated and individual Eclectic needs the organization more than we need him. The organization is yours. It should, and I trust does, stand for all. If not, all the better reason for getting in the inside and assisting to so manage it that it works for and stands for all.

Now just a word in conclusion: I suggest that we all spell the word Eclectic with a capital E and never, no never, refer to the dominant school as "Regulars." Even some of our Eclectic brethren are not guiltless of this oversight. They are Allopaths and no more "Regular" than you are.

J. T. FARRAR, M.D., President.

NEWS ITEMS.

Dr. J. F. Willard of San Luis Obispo, Cal., is taking a Policlinic post graduate course in the California Eclectic Medical College.

Dr. J. C. Andrews, of Los Olivos, Cal., writes that on account of his advanced years and impaired health he has quit the practice of medicine and will soon go east to live with friends. He never fully recovered from a paralytic stroke which he received several years ago.

Dr. U. C. Coe, of Bend, Oregon, "struck it rich" when he located on the Oregon frontier several years ago. Recently two new railroads have built into his town and property of all kinds has greatly increased its value. He has started a

hospital and has been appointed surgeon of one of the railroads. As he is a graduate of E. M. I. and an ardent Eclectic, he is in a position not only to do himself good, but is also able to do much for the good cause of Eclecticism in Oregon.

Dr. G. W. Harvey, of Ripon, Cal., is planning a hunting trip into the mountains of Mexico for the double purpose of finding both health and pleasure. His youngest daughter, he fears, has contracted incipient consumption and the trip is intended, primarily, to be for her benefit. He can accommodate in his party others who may be similarly afflicted or who need a change, and solicits correspondence on this subject. If any of our Eclectic physicians have patients who are in need of an outing this is just the opportunity for them.

Mrs. L. A. Perce, Long Beach, has had an attack of tonsillitis recently, but has recovered.

Dr. Levi Johnson, Whittier, was in the city recently on business.

The California State Board of Medical Examiners met in Los Angeles, December 6th, and it was resolved unanimously that where ten questions were to be answered, twelve be propounded, so as to give the applicant the opportunity of selecting ten questions out of twelve.

The following resolution was unanimously adopted, providing its legality be approved by the attorney of the Board:

"Resolved, That beginning with the examination of December, 1909, an applicant who fails to pass, but receives 80 per cent. or more in one or more branches, said credit shall stand in said applicant's favor on the books until one year from the date upon which it was received. In other words, in any examination at which said applicant received those credits he will only be examined in the branches wherein he received less than 80 per cent."

FOR SALE: A well established (8 yrs.) unopposed practice in good farming and coming fruit region, on railroad, population 500 in town and 1500 to 2000 in surrounding country.

Good roads, schools, two churches, bank, etc.

Practice $2500.00 to $3000.00. 80 per cent collections. Reason for selling, going to city. Price $700.00 including drugs. Cash or good security.

If interested, write to Dean's Drug Store, 214 So. Spring Street, Los Angeles, Cal.

LETTER FROM DR. KUNZÉ.

Phoenix, Arizona, December 3rd, 1909.

My Dear Doctor Munk:—

A last I have managed to make excerpts from my manuscripts and copy from notes and other sources sufficient for an article for your journal on Baccharis Glutinosa long ago promised. I would not reply to your letter of September 20th until I could make my promise good.

I have so many applications to write articles for journals, magazines, newspapers and other publications, that I have to refuse many of them point blank. Not only in America but likewise in Europe I am supposed to write "pro bono publico" on many topics connected with medicine as well as on the natural sciences. I scarcely have a minute for rest from day break till midnight and cannot do justice to personal comforts at my advanced age. Now, I promised to write for your Medical Journal to help along the good cause and, by Jove, I shall do it! Now and then I shall write an article referring to Arizona medicinal plants and will also illustrate articles with photographs to make them up-to-date. * * * * *

I have not been able to write anything connected with my book for ten weeks or more. It is more than I can do to keep up with my increasing correspondence on many a topic. In the early spring I may be able to give you an article on Larrea Mexicana, our Greasewood or Creosote plant, or if not that it will be Prosopis Juliflora, our Mesquite tree, don't know just which. Have notes on hand of both plants and am constantly collecting more information from old settlers in Arizona. Will endeavor to illustrate them with photographs of flowering specimens, which will be my last contribution to Eclecticism.

I trust that you are as well as

Yours very sincerely,

R. E KUNZÉ

READING NOTICES.

THE "STORM" BINDER AND ABDOMINAL SUPPORTER.

The profession is a unit in believing in the usefulness and actual necessity of some form of abdominal binder after operations upon that region. The variety of binders that have been put upon the market is almost without number. The very fact that so many different kinds have been in use indicates that most of them have been unsatisfactory.

Dr. Katherine L. Storm, of Philadelphia, has placed upon the market a form of abdominal binder and supporter which

bids fair to beeome the most popular of any yet introdueed to the profesion. This binder took the prize offered by the Managers of the Woman's Hospital, of Philadelphia. It is a light flexible, washable and durable applianee, without rubber or steel in its eonstruetion. It is used for any purpose for which an abdominal supporter may be needed for a man, woman or child. It is applicable for general support, and, by means of reinforeing strap, with pad, it may be used for loeal support as well, for instance, for hernia. It is espeeially valuable for movable kidney, enteroptosis or Glenard's disease. It is an ideal post-operative binder. It is a great eomfort to women during the pregnant and puerperal states. It is readily adiusted and produees no discomfort when worn. Measurements may be taken, and supporters ordered from the manufacturer, Katherine L. Storms, M.D., 1612 Diamond Street, Philadelphia, Pa.

Those who have used the "Storm" binder have been particularly well pleased with it, and for this reason we are anxious that our readers should beeome aequainted with its many virtues. The eompany keeps a reeord of all measuremens sent in, so that orders may be duplicated without diffieulty or loss of time. All mail orders filled within twenty-four hours on reeeipt of price.

DOUBLE PNEUMONIA.

By H. S. Emerson, M.D., of Paterson, N. J.

Mrs. E. D., aged 74 years, of New Durham, N. J., was taken ill in February, 1905. A loeal physieian diagnosed the ease as one of aeute lobar pneumonia (both lungs) with grave eomplieations. The third day found the patient mueh worse, and her attending physieian and a eonsultant said there was no ehance for reeovery. At this eritieal moment, I was ealled in after the other medieal men were out of the case.

I found the patient uneonscious with marked eonsolidation of both lungs, stertorous breathing, temperature 105 3-5 degrees, pulse 142—feeble and irregular, respiration 35, and every indieation of eomplete prostration. The previous treatment had consisted of an ordinary fever and cough mixture, French brandy at frequent intervals, and the local aplieation of flaxseed to the ehest. Little or no nourishment had been taken.

I suggested the immediate diseontinuanee of the flaxseed, whieh apparently had no effeet, but was merely sapping the little vitality whieh remained.

(Continued on page XIV)

The California Eclectic Medical Journal

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Original Contributions

COLLECTIVE PARANOIA.

A. F Stephens, M. D., St. Louis.

I know of no better term to use to designate the present nation-wide fear of disease than collective paranoia or national insanity.

Several years ago a wave of insane apprehension of appendicitis arose, whose proportions were increased and its movement accelerated by the hoot of our medical owls. That wave of fearsome apprehension has gained in volume until it has submerged the reason of almost the entire nation. Within the last half dozen years a second wave of insanity has followed and today our people are in a state of mind wherein they think disease, talk disease, live disease in their daily lives and give it to every one with whom they come in contact if in any way susceptible. They are buffeted about between the billows of appendicitis and tuberculosis. If they do not have the one then it is the other; and if they haven't it just now they expect to have it soon. We have tuberculosis paranoiacs going about among the people in the guise of an educational crusade, preaching disease from the house-tops; teaching it to the children, inculcating in their minds a fear and dread of disease which amounts to disease insanity. They carry about with them an atmosphere of disease which is highly infectious to susceptible minds, and which eventually develops in those minds a state of paranoia or unreasonable disease-fear. Given, a diseased mentality, who may say how surely a perverted physical state will follow? Mental anxiety, or fear, results in lowered vitality and prepares its victim for the invasion of bodily disease.

For years past, men have seen lurking in every fruit and seed the ghost of appendicitis. Such a condition is analogous to the phantom snakes seen by the dypsomaniac. Both are mental aberrations. Both are due to a morbid mental state. Both are a species of insanity. The one passes with the passing of the effects of liquor; the other remains permanent in the field of imagination to torment its victim for the balance of his life if it does not culminate in the hands of the belly-slasher.

Don't understand me as opposing all operations for appendicitis for I do not. I oppose only the insane removal of all appendices which the appendicular paranoiac can lay hands upon. This craze is carried so far that every pain about the body especially in the abdomen, throws the average person into a spasm of fright with death looming large and hideous before his eyes, and too often the doctor stands behind the apparition. Almost every day the physician is met by some distressed specimen of humanity with the ever present question upon his trembling lips: "Have I appendicitis?" To illustrate, a young man came into my office a few days ago in a state of nervous excitement and a pain in his bowels. He wanted examination to find out if he had appendicitis. A brother of his had been operated for appendicitis the week before and had died. There was no evidence of appendicular disease and he was advised to take a dose of Rochelle salts, go on about his business and forget it. He did. It is a colossal crime against humanity to teach disease and the insane fear of it. I am sorry to have to say that such teaching is fostered by the profession of medicine.

At the present time tuberculosis is holding down the other end of the "teeter." People are now talking tuberculosis in their homes, on the streets, in public halls and elsewhere, to wide-eyed, open-mouthed crowds until every cough, every cold, every stray pain about the chest is looked upon as a developing tuberculosis. They fear for their lives unaware that the seeds of fear sprout into life as bodily ills, for the old saying "One gets what he is looking for," is not without some foundation in fact. These things ought not to be. Physicians especially, should carry health about with them, exhale it, teach it, preach it, live it all their lives even though their lives are spent ministering to the sick, instead of constantly instilling into the minds of men the noxious thoughts of disease. This would do more to eradicate disease than all the tuberculosis societies on earth. Stop the everlasting croak about it and teach the people the benefits to be derived from cleanliness, show them the advantages of proper hygienic surroundings but in doing so we need not carry the skull and cross-bones around with us. Let us instruct the people about these things because it is right to do so but let us not eternally din into their ears the death cry. On the other hand we should go after the real cause of tuberculosis as well as other infectious diseases, i. e., the hog in the trough. I mean the man who, having the instincts of that animal, appropriates to himself all that he can get his hands on or his nose into without regard for the necessary comforts of his fellowmen, who thin and

gaunt, are compelled to inhabit the death traps which he rents to the unfortunate. Let tuberculosis societies preach to the man who, figuratively, has his whole body in the trough; the man who exacts tribute for the use of living quarters unfit for the habitation of beasts much less for human beings who happen to be less fortunate than himself. Let such societies demand better housing, better sanitation for all who pay tribute. Let them preach better opportunities for right living, better surroundings, better wages for unskilled labor which will give better clothing and food; in fact let them preach justice to all who toil. What I mean by better surroundings is that all buildings shall be sanitary, open to air and sunlight, where dirt and squalor, dampness and mould may not exist; where disease may not breed. Compel landlords to furnish these to all from whom they exact the pound of flesh. Compel those who build for renting purposes to separate the houses far enough to insure plenty of air and sunlight. Compel all property owners to so arrange their buildings so as to give enough outdoors for exercise and breathing purposes. Make it impossible for any one to use all the ground space for buildings in which are housed the unfortunate like pigs in a sty. These things can be done whenever the people awake to the fact that it rests with themselves. Overcrowding in poorly ventilated rooms is the basis of all infectious disease. As a matter of course those who live upon the unearned, ill-gotten gain would regard with disfavor, all such preaching. They are very satisfied that societies shall preach disease to the people and leave them undisturbed in their self-appointed task of absorbing all the swill. They care little if human beings are crowded into hovels like cattle in a stock car on the way to market. While fattening off the miseries of the unfortunate they like nothing better than to distract attention by furnishing the bogey-man of disease. If we dig to the bottom of infectious diseases we will uncover a human vulture. Even tenement houses of the better sort, while good enough as houses, have little vacant space around them, being built so close together that inside they are dark and airless. With a building lot large enough for one house the owner erects as many as he can crowd upon it having no care for those who must inhabit them. And often the little space in the rear is utilized for a shack for the housing of a few more. Crowding, crowding everywhere without a thought for the welfare of those who must take whatever they can pay for. Through the cupidity and criminal instincts of the land owner the larger portion of the human family live in comparative squal-

or, the prey of every disease which could be reduced to the minimum if the clutches of greed were made to loosen.

The crime of the age, of every age, is the oppression of the dependent class and every man who fails to lift his voice in protest is a participant in the crime.

If health societies must talk disease let them talk it to those upon whose shoulders rests the reponsibility for disease and not to those who suffer because of the sins of others. Let them teach the victims the necessity of hygiene, the value of cleanliness, the desirability of right living. Let such societies carry sunshine into the homes of the unfortunate and leave their skeletons in their closets. Let them talk health and avoid as far as possible, the discussion of disease. Let them carry the tale of woe to the hogs in the trough. Let it be persistently dinned into their ears, rubbed into their hides until their waking hours are filled with the groans of the afflicted; until their sleep is disturbed by the cry of suffering children; until they can taste it in their victuals and until the phantom host of all that are diseased because of them, follow them through all their lives.

Would to God we could stop the everlasting monotonous croak of disease and death, for to him in whose mind is instilled the phantom-fear of disease, peace never comes again. He starts at every thought of sickness, cringes at every twinge of pain. If we could only get right on this subject and stay right.

ALBUMINURIA OF PREGNANCY.

A. J. Crance, M.D., Pasadena, California.

Read before the Southern California Eclectic Medical Association.

It is not every woman who is pregnant who will reach the normal period of delivery without some complication calling for advice or treatment from her physician.

If women who expect to become mothers would select their medical attendant during the early months of gestation and take kindly to the suggestions of their advisor much unnecessary anxiety and suffering with possible danger to life later on might be avoided. Often our first introduction to the patient will be at the onset of labor and we are compelled perforce to accept matters as they are, to make the best of the situation be it either in line of a perfectly normal state or one with complications which might have been avoided or bettered with judicious care. The puerperal period is one of extreme interest to the expectant mother, her mind and disposition is

peculiarly susceptible and alert to suggestions, especially from those having undergone the ordeal of maternity and be the advice good or bad are influenced along whatever lines of information imparted is apt to possess her thoughts and actions. The best advice a physician can offer is often neglected for that imparted by an ignorant neighboring woman over a rear line fence. The junction of pregnancy and labor being a physiological process under ordinary and usual circumstances requires no special interference other than watchful care and attention to the common laws of nature with right living. However, we every now and then meet with those cases in whom some abnormal feature arises which calls for advice and treatment in order to extend the time to the full term of gestation to the full term with safety to both mother and child. Probably the most common of the serious complications interfering with normal pregnancy is an oedema of the feet and body and in extreme cases to ascites. The expectant mother if properly informed by her medical attendant will be on the guard for such an event, with instructions to call upon its manifestation. The plain duty of the physician therewith lies on a plan for investigation for an albuminuric state; a condition of toxemia is possible, in fact is beginning and it behooves us to combat the growing tendency to forestall ultimate serious results which may ensue. The presence of albumen in the urine of pregnant women is not necessarily an indication of eclampsia but it is an omen of significance that should not be passed by unheeded. Its presence in the urine is, in fact, of secondary importance compared with the estimation of urea elimination; usually when the latter is excreted in normal amount serious constitutional symptoms are rare. Albuminuria of pregnancy has not ordinarily the import of the same state independent of that condition arising from a true nephritis. The structural integrity of the kidneys in pregnancy may not be involved but their function is impaired through the mechanical pressure of an enlarged uterus upon the renal circulation favoring a state of passive hyperemia and leading to nephritis.

The compensatory increase of elimination through other channels as with well directed efforts to augment the action of the kidneys themselves is usually successful to overcome oedematous infiltration and deposits when conjoined by proper feeding; but, even extreme measures will fail in individual cases as illustrated by the following: Mrs. B., aged 22 years, primipera with expectancy February 20th 1906, delivered January 6th 1906 or at seven and a half months gestation. In build a short, compact, rather stout woman, nervous and ap-

prehensive disposition, of active nature and habits and with previous health good. My first introduction to patient was November 6th 1905 being but ten days to the close of second trimester. My advice was sought incident to a swelling of the body as they expressed themselves and they certainly were not mistaken; examination showed general oedema of the cellular tissues. The lower extremities below the knees pitted deeply under pressure of the finger, the flabby posterior of the thighs were doughy, pudendum oedematous, back and hips glossy and indentating, face with especially eyelids puffy, no headache or blurred vision, was cheerful withal. The urine was scanty in amount, highly albuminous with deficiency in percentage of urea elimination. Instructions were given to free the bowels with magnesia sulphate daily, hot baths and deitary restrictions with water freely to drink. This procedure was kept up until December 15th, 1905 with no betterment of the general anasareous state and a growing indifference to follow closely instructions so that I had her removed to the hospital for better control and more active treatment Upon her advent to that institution, diet was restricted to milk and buttermilk alone, magnesium sulphate was carried to pronounced effect on bowels, sweat packs daily assisted by hypos of pilocarpine and a diuretic infusion of digitalis folia with apocynum. She remained in the hospital one week or until December 22nd, 1905, but feeling so homesick she was allowed to return to her residence following, however, with the exception of pilocarpine the treatment instituted at the hospital as compatible with her physical strength. Under the hospital treatment the oedema was held in abeyance to the extent of not increasing but after her return home showed signs of progressing due, in part, I believe to relaxing somewhat the active methods of reduction. On January 5th, 1906 or sixteen days after her return home from the hospital she was again remanded to that institution, this with a view of inducing premature delivery, as the cellular oedema in spite of all treatment had increased and her abdomen was unusually prominent over a normal state at full term, besides the uterus itself could be but imperfectly outlined from the distension and gave apprehension of ascites. Headaches and blurred vision now were for the first time being complained of bespeaking a convulsive tendency. Urinalysis at this period showed the urine in color brown, reaction acid, specific gravity 1025 transparency cloudy, albumen in large quantity, sugar none, urea 2.5 per cent. microscopically a great many epithelial, the renal circulation from pressure had caused what early in granular and fatty casts, sq. epithelum, few red blood corpus-

cles and pus cells. Evidently the long continued tension on in the history of the case was a congestion to pass into nephritis. On the evening of January 7th, 1906 or two days following her second advent to the hospital was set the time for induction of labor, but a most fortunate circumstance occurred on the 6th. On the afternoon of this date the patient began to complain of considerable backache and spasmodic pain over the uterus which increased in severity so that by evening the nurses became alarmed and phoned me word: an examination revealed labor well advanced, os dilated, vertex presenting and perineum distending. The membranes were ruptured and in a few minutes followed a seven and one-half pound boy crying lustily. Normal conditions of the uterus were assumed following delivery but the oedema persisted and the abdomen remained approximately as large as previous to the birth of the child; the patient after a few days began to feel a distress in breathing and the abdomen appeared more tense with a wave like motion imparted to the hand in bimanual palpation so that the presence of aseites was conclusive. On the 16th of January or ten days following the delivery I introduced trocar into the abdomen and removed two gallons eight ounces of fluid, compression binder was applied and with no farther difficulty, the patient made a good recovery. I may mention that on the day paracentitis was performed the urine was again examined with the following results. Color yellow, reaction neutral, specific gravity 1009, transparency clear, albumen present, sugar none, urea 0.5 per cent. Microscopically few granular and hyaline casts, few sq. epith., many pus cells.

I had occasion to watch patient over six months following the birth of the child and she gradually assumed a normal state of feeling with the oedematous condition passing slowly away; finally losing track of her on account of her removal to the east, but recently coming back to California I was called to prescribe for the child, who by the way is a fat chubby boy and I incidentally inquired as to the state of the mother's health to which she replied that she was feeling good and she certainly looked it. I asked for a specimen of urine which upon examination showed no abnormal constituents.

THE INDICATED REMEDY.

J. A. Munk, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

The Eclectic practice of medicine has a great advantage over other systems of healing, in the Specific Medicines which it employs. These remedies have a definiteness and certainty

of aetion that others do not possess. Instead of preseribing for a eertain disease, or the name of some disease, every remedy of the Eeleetie materia medica fits some partieular symptom whieh is the expression of some diseased aetion that needs eorreeting. There need never be any failure in the praetiee of medicine if the symptoms are understood and the proper indieated remedy is seleeted and administered.

Reeently I had an opportunity to again demonstrate the speeific action of Quinine. I had no occasion to preseribe it in any ease for over a year, until inside of one week it suddenly happened to be needed in three separate eases. I never use Quinine as a tonie or promiseuously for any purpose, but only preseribe it when it is elearly indieated. Periodieity is the indication for Quinine and it should always be given in the intervals between attaeks either during the intermission or remission, but never during an exaeerbation. It will eure either periodie pain, ehill or fever and should be given when the pulse is soft and the skin moist. It is not so mueh intended to relieve an attaek as it is to prevent its return and then should only be given when the symptoms are favorable for its use and the eonditions nearest to the normal state and in the absenee of pain, ehill or fever. Begin its administration as soon as the exaeerbation has passed, giving the Quinine in frequent large doses and not peddling it out in small doses far apart. The dose for an adult is three grains every hour until five doses, or fifteen grains are given and then no more for that day, or the next twenty-four hours. The same treatment is to be repeated for five sueeessive days but in fewer doses by dropping one dose every day—five doses the first day, four the seeond, three the third, two the fourth, and one the fifth and last day. If the dose and eonditions are right for its administration there is never any unpleasant effeet. If the effeet is bad in any partieular the drug should be diseontinued and the eause removed before it is again renewed. If the remedy aets right its good effeet is seen at onee and the disease is "broken up."

Mr. Y., age thirty, eomplained of rheumatie pains in the baek and shoulders, but kept at his work in a department store. Preseribed tineture Rhamus Cal. ten drops in water four times a day. His eondition was improved by the first bottle of medieine but he was by no means well. Before preseribing again he was questioned more elosely as to the eharaeter of the pain, when he stated that there was but little pain during the day and was entirely gone by evening. But every morning he awoke with a severe pain that lasted all the morning and this eourse was repeated daily. The ease was

clearly marked as periodic and called for cinchona or Quinine. I gave the patient fifteen three grain tablets of Quinine to be taken in five days as prescribed above which was done, when the pain was soon under control and without the use of any narcotic.

Mrs. D., age forty, a tourist from Vancouver, B. C. caught a severe cold on the train in an overheated car and by an open window. Had the usual symptoms that accompany a cold with a daily chill which was followed by fever. The case had progressed thus for a week with but little change under the use of the usual cold remedies. The exacerbation always occurred in the evening with the pulse running at a hundred or more beats per minute, clinical temperature 102 degrees and a distressing cough. Seeing that the case was distinctly periodic Quinine was given as per rule already described with immediate improvement and an early convalescence.

Mrs. M., age fifty-five, complained for some time of a feeling of languor and weakness before a doctor was consulted. When the patient was first seen there were no signs of fever, but irregular heart action and some gastro-intestinal disturbance were present A fever was soon manifest which was apparently caused by an auto-toxemia and a condition threatening typhoid. The pulse was increased to 110 beats per minute, temperature 103 degrees, respiration twenty-six and a mild delirium. The early treatment seemed to produce no decided effect and the prognosis began to look unfavorable. It was noticed that every night after midnight the temperature dropped to 101 degrees, but after a short time rose again to the old mark. This change in the temperature gave the cue for the remedy—Quinine, although not as marked as in some cases. Quinine was administered as in the other cases already desribed with a most happy effect. Soon after the first dose of Quinine was given the temperature fell to normal and remained there. All the bad symptoms rapidly disappeared and convalescence was soon established.

The prompt action of the indicated remedy in each case was most striking and the rapid improvement very gratifying to all parties concerned, to physician, patient and friends.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

Ovid S. Laws, M.D., Los Angeles, Cal.

I overlooked a very important plant that is beginning to get a foothold in some places here. It is the phytolacca decandria. All Eclectics know of its value in abnormal conditions of the glands, but not many know that it is really reli-

able in that distressing condition caused by adiposis, when all foods are turned into fat.

The root is used for the glands, but the berries are used for a check to the adipose perversion. I am well aware of the claims pro and con in regard to its value in these cases. One thing I can say is that the quantity used as a dose by a certain firm will do no good.

About five years ago I met a lady that had taken a course of treatment with the juice of "poke berries" and I entered into the investigation of the matter with the determination to know if there is any reliability in their use. Her testimony was that she had become very fleshy, and was rapidly increasing which caused great distress of body and mind. She lived in Ventura county but had some friend in the northern part of the state where phytolacca grows abundantly, who knew of it as a remedy for over fatness. The juice was pressed out of the berries and dried down until it could be rolled into pills about as large as a pea or larger. Of these she took three a day, morning, noon and night and continued thus for three months. By that time she had lost about sixty pounds, leaving her yet one hundred and fifty. At this she ceased taking the pills, feeling well, light and bouyant. She so remains, and I saw her only a few months ago.

This experience convinced me that some cases can be benefitted by using the juice of poke berries.

A year or more after that by request, my son, Doctor P. G. Laws, of Oswego, Kansas, sent me a few pounds of the ripe berries to experiment with. I had three lady friends in the adipose class that were anxious to get out of it. So I told them what I had, and what was claimed for it, and what was said against it. I also told them about Mrs. Cleveland's use of it in Ventura. I pressed the juice out of the berries and added enough alcohol to prevent fermentation. After about ten days testing at fifteen to twenty drops three times a day, they took teaspoonful doses that often. One was a widow about forty years of age; another a chronic maiden somewhat older. The third was a young married woman of about twenty. She was exceedingly anxious about herself as she was gaining flesh rapidly and as her father had been a very fleshy man, she feared a similar fate. All three had suffered with some form of rheumatism. None of them kept at it regularly but would often be out of medicine two or three weeks at a time. But all rheumatic troubles vanished in a few weeks. No great or rapid reduction in weight, but a few pounds in each case. The sense of lightness was especially remarkable in the young woman and now after nearly two years since taking the

medicine she is no heavier than when she quit, and still feels light and bouyant. The others also ceased to grow fleshy. The treatment ceased because my medicine was all gone and no chance to get more.

People of the lymphatic temperament are naturally fleshy but not necessarily unhealthy. There is evidently a class of cases where the function of nutrition has become perverted, so that food is chiefly converted into fat. This is a departure from the normal standard and therefore is a disease. We might name it adiposis. Like any other disease, it should be diagnosed early and treated properly. For the longer it runs, the greater is the difficulty in arresting the perversion. Suitable diet and plenty of exercise count for much, but we know that these often only eliminate a portion of the fat instead of removing the cause by changing the perverted conditions.

From my past use of the juice of the phytolacca berry, I think a large per cent. of cases can be permanently checked and many greatly reduced so as to lessen their burden and save them perhaps from a fatty degeneration of the heart. I have no fear from any bad effects. If any stomach trouble should arise we have remedies to counteract them according to the indications.

I think the fluid form is preferable to the pills but it will have to be increased until it takes effect. If I can get another supply I will try it again. Surely we should not abandon our adipose patients any more than those otherwise afflicted.

CONIUM MACULATUM.

W. Leming, M.D., Tucumcari, N. M.

The Eclectic League for Drug Research.

Specific Indications: Motor or mental excitation with vascular or grandular fullness, and pain.

Conium is the poison hemlock of ancient repute. Its principal virtues have rested in its power over motor disturbances and pain. It paralyzes first, the terminal motor nerves; then the trunks. Locally it is anaesthetic.

Conium has long been known as a remedy for Cancer, especially as relieving the sharp cutting pains. The late Dr. E. E. Hale of Chicago combined Conium and Hydrastis and used them with some success in indurated breasts of a scirrhus nature. Others have acknowledged the relief from the drug but deny that it checks the growth.

The particular field of action of Conium has seemed to be the brain, breasts, and abdominal organs, although it has not been thoroughly proved in its effects on the pneumogastric nerve.

The mental agitation and despair sometimes shown in women with uterine wrongs is nicely subdued by this drug. In fact I have found it the most reliable remedy in painful uterine conditions especially when arising from injuries and displacements. One case in particular showed this action. Miss M., 16 years old, received a displacement while horseback, due to the horse suddenly and unexpectedly jumping a ditch. The pains were severe and continued sharp and excruciating after replacement. Morphine and the various synthetics were resorted to without avail, when Conium in five drop doses every hour to effect, quickly controlled the pain and inflammation. No further trouble has followed in five years.

Abbott mentions it as a remedy when the woman feels as though she were going insane, and unable to withstand the numerous irritations of life without explosions of temper, remarking of its alkaloid, "When the use of Cicutine is fully comprehended it will become one of the stand-bys of our practice."

In Epilepsy, Chorea, and the like, Conium has not been sufficiently studied to warrant an opinion of its usefulness.

Locally, as an ointment for hemorrhoids, ulcers, etc., it is a powerful anodyne.

Study for February, Sanguinaria Can.; March, Apis Mel.; April, Jaborandi. Individual reports are solicited.

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS.

Examination at Los Angeles, Decemebr 7-10, 1909.

HYGIENE.

Answer 10 Questions.

1. How is Malta fever transmitted?
2. By what means is hookworm disease cured and prevented?
3. Where is pellagra found most frequently in this country and what are the theories on its origin?
4. In a typhoid epidemic how would you go about it to discover the source of infection?
5. Give in detail your method of preventing the spread of scarlet fever.
6. Why should food-stuffs in shops be protected from insects?
7. How does the quarantine against yellow fever now differ from the methods used fifteen years ago?
8. Give a plan for the construction of a sanitary railroad grading camp.
9. What are the latest findings concerning the presence of bacteria in sewer gas?
10. How do hogs become infected with tuberculosis?

11. Why should all animals be kept off a watershed?
12. Why are plumbing fixtures ventilated?

HISTOLOGY.

Answer 8 Questions Only.

1. Draw cross sections of a large artery; of a large vein. Name each coat, and tell of what kind of tissue it is composed.
2. Describe the course of the renal artery and vein in the kidney. Draw diagram.
3. From whence are cells derived?
4. Describe karyokinesis. Draw diagrams.
5. Describe what happens after the fusion of the spermatozoon and ovum, and explain how the three layers of the blastodermic vesicle are formed.
6. From which layers are the following derived? Hair, Lungs, Oral cavity, Kidneys, Spinal cord.
7. Describe the formation of bone.
8. Draw a section of the Spinal cord at about its middle.
9. Describe a capillary, and explain how new ones are formed.
10. Describe connective tissue.
11. Identify 2 slides.
12. Identify 2 slides.

PHYSIOLOGY.

Answer 10 Questions.

1. Discuss the "mechanical" and "vital" theories of renal secretion.
2. Name and describe five skin reflexes. (b) Locate five centers in the cord. How may their existence be proven?
3. Discuss the cause of the rhythmical beat of the heart. (b) The conduction of the excitation over that organ and the co-ordination of its parts.
4. Trace an auditory impulse from the vibrating tympanum to the cortical center.
5. What nerves are concerned in deglutition? (b) Give function of each.
6. Describe in detail the effect of thyroidectomy. (a) parathyroidectomy. (b) What is the effect of removal of the spleen? (c) Salivary glands.
7. What is the effect of complete paralysis of the third cranial nerve? Trigeminus?
8. What are the causes of degeneration of muscle? Describe the process by which it takes place. What is meant by reaction of degeneration? Describe it.

9. Describe a practical method of determining blood pressure in man.
10. What is meant by Wallerian degeneration? Describe it.
11. Describe the effect of muscular work on body metabolism.
12. Discuss the mechanism of accommodation of the eye. Describe the change in the pupil during accommodation.

PATHOLOGY.

Answer 8 Questions and Identify 2 Slides.

1. Explain fully the difference between ptomaines and toxins, chemically, and physiologically, and name several typical bacteria responsible for the production of each.
2. Describe the effects produced in the human system by infection by the more virulent types of streptococci.
3. Describe fully the effects of pellagra and the cause of the disease.
4. Describe the morbid changes resulting from autotoxaemia; both immediate and remote.
5. Describe the pathologic changes resulting from chronic alcoholism, naming these in the order of frequency with which they occur.
6. Describe the conditions found in acute pluerisy. (a) During the first twelve hours. (b) In favorable cases at the end of five days. (c) In unfavorable cases at the end of seven days.
7. Describe the lesion of carcinoma and that of sarcoma and explain the distinctive difference between them.
8. Give the morbid anatomy of acute infantile paralysis, the cause or causes of the same and whether or not it is contagious or infections or in any danger of becoming epidemic.
9. Give a description of the changes found in hydrophobia. How communicated and the bacteriological findings.
10. Describe the appearance of the blood in pernicious anaemia; the pathologic changes found and the probable causes of the disease.
11. Examination of 2 slides.
12. Examination of 2 slides.

BACTERIOLOGY.

Answer Only 8 Questions.

1. What do you understand by the following terms: (a) Amboceptor. (b) Receptor. (c) Complement.
2. What is the difference between an Antitoxine and a Bacteriolysin?
3. What is the precipitin test and how performed?

4. Name three "acid fast" bacteria that are pathogenic to man.
5. Describe a typical actinomycisis rosette or granule, taking care to name its compound parts.
6. Name a pathogenic "acid fast" bacillus that cannot be successfully grown on artificial culture media.
7. Enumerate the different ways in which acquired immunity may be produced.
8. What pathological condition is most commonly caused by Kock-Week's bacillus?
9. What do you understand by an antitoxic unit?
10. What micro organism is at present generally accepted as the cause of syphilitic infection?
11. Identify specimens.
12. Identify specimens.

OBSTETRICS.

Answer 10 Questions Only.

1. The etiology of abortion and pathological conditions liable to follow.
2. What care would you advise for the child during the first twenty-four hours after delivery?
3. What is uterine inertia, its cause and danger?
4. Placenta praevia, diagnosis and prognosis?
5. Under what conditions (if any) is abortion justifiable? How should it be conducted?
6. How would you attempt to resuscitate an asphyxiated child?
7. How would you manage the second stage of labor so as to avoid rupture of the perineum?
8. How early can pregnancy be positively diagnosed? What are the signs?
9. How may death of the fetus be recognized after the fifth month? What would you do under such circumstances?
10. What are the difficulties, and what would be your method of delivery, in twin pregnancy?
11. Give the diagnosis, prophylaxis, and Ophthalmia Neonatorum?
12. What is albuminuria of pregnancy, without structural kidney lesion?

ANATOMY.

Answer 10 Questions.

1. What are the characteristic forms of spinous process of typical vertebrae in the cervical dorsal and lumbar regions?

2. Describe the greater and lesser sacrosciatic ligaments. Tell what foramina they form and what muscles, vessels and nerves pass through them.
3. Describe the fascia lata.
4. Give the attachments of the diaphragm. What nerves supply it? Where can its governing nerves be compressed digitally?
5. Describe the pampiniform plexus of veins.
6. Give the relations and blood supply of the tonsils.
7. Give the relations of the prostate gland.
8. What nerve trunks send branches to the hip joint and the skin of the knee?
9. What kind of membrane is supplied whenever motion is intended? Give three examples, two of them being other than osseous articulations.
10. Describe the great splanchnic nerve.
11. What is the enervation of the peritoneum?
12. What are the lower limits of the lungs and pleurae posteriorly?

GENERAL DIAGNOSIS.

Answer 10 Questions.

1. Give the symptoms and physical signs of a pneumothorax
2. Give the aetiology, symptoms and complications of acute mastoiditis.
3. Give the symptoms and physical signs of coxitis tuberculosa.
4. Give the diagnosis of typhoid up to the end of the first week of fever.
5. Give the symptoms of a brain tumor.
6. Differentiate chlorosis from primary pernicious anaemia.
7. Give the causes of colicky pains in the abdomen and locate each variety.
8. Draw an outline of the anterior chest wall and indicate thereon the points at which the sounds emanating from the various heart valves are best heard.
9. Give symptoms, complications and sequelae of scarlet fever.
10. Describe an attack of erysipelas.
11. Give symptoms and urinary findings in acute nephritis.
12. Name the conditions which cause an increase in arterial blood pressure.

CHEMISTRY.

Answer 10 Questions.

1. Describe the diazo reaction. Under what conditions may this action appear in the urine?

2. Express in Centigrade 104 deg. Fahrenheit. Give rule for reducing Centigrade to Fahrenheit.
3. Describe iodine. State some of its properties. From what source is it chiefly obtained? Give a simple test for iodine.
4. Outline the fate of carbo-hydrates in the body.
5. Give two tests for detection of morphine.
6. What is the normal amount of urea found in the urine in a 24 hours specimen of urine? Name two conditions in which there is a diminished excretion of urea.
7. Under what pathological changes does bile appear in the urine?
8. What organic acids are found in the stomach and what are the tests for them?
9. Give characteristics of diabetic urine.
10. Define organic chemistry. Define inorganic chemistry.
11. Describe three tests for determining the presence of albumen in the urine.
12. Name some of the common chemical sediments that may appear in the urine, giving the pathological significance of each.

GYNAECOLOGY.

Answer 10 Questions.

1. Describe a case of dicidual endometritis.
2. Give the physical signs indicating acute salphingitis, result of pelvic infection.
3. How would you distinguish between cancer of the cervix and cystic degeneration of the same?
4. What would you look for as the cause in a case of purulent vulvitis or vaginitis?
5. What do you understand by (a) Amenorrhoea (b) Dismenorrhoea (c) Menorrhaagia (d) Metrorrhagia?
6. Give the differential diagnosis between acute inflammation of the ovary and neuralgia of the same.
7. In the radical operation for excision of the breast, what gland beside the mammary gland becomes of importance?
8. Name three important conditions calling for uterine curettage.
9. Describe a sub-mucous myomata of the uterus.
10. Give the difference between the operation for myomectomy and hysteromyomectomy.
11. Describe a case of urethal caruncle giving symptoms.
12. Describe superinvolution of the uterus and the conditions generally following.

DIETETICS.

Q. A. R. Holton, M.D., Whittier, Cal.

And behold one came unto the doctor and saith unto him "Good doctor, what dope shall I take that I may live to be old and have much strength and be able to knock out the other fellow in the football game?" And the DOCTOR saith unto him, Why comest thou to me? Dost thou imagine I have the elixir of life? Dost thou think good health and strength and long life can be corked up in a bottle or sugar coated in a tablet? But, if thou wouldst have health, strength and long life live temperately. And the young man said, "What?"

Then the medicine man said unto him, "Thou shalt not guzzle alcoholic liquors, neither wine nor beer—thou shalt bathe every day and keep thy self clean. Sleep with thy windows open and breathe much fresh air. Keep not late hours nor monkey around the red light district. Take much exercise in the sunshine and open air and do not imagine that thou art going to take cold or have pneumonia if thou shouldst perspire a little." And the young man said, "All these things have I observed from my youth up, what lack I yet?" And the doctor looked steadfastly at him and behold he squirmed around like unto one who had swallowed a cork-screw or like unto one whose gut was tied in a knot so that the wind could not pass through the chambers thereof; and he lifted up his voice and said unto him, "If thou wouldst have perfect health and live long go and give to the Salvation Army all the contents of thy cellar and thy pantry and live on plain, simple diet and then also shalt thou knock out the other fellow in football and thou shalt live long and be strong." But the young man turned and went away sorrowful for he had an appetite like unto a swine and likewise he belonged to fifteen lodges and thirteen clubs each of which had a banquet every month. And the good and faithful doctor saw him go out at the door with one hand on his stomach and the other on his pocket book. Neither did he offer to pay the little two dollars fee. And the good doctor saw his face no more forever. Nevertheless his football team went down in defeat a few days after, and the next month ANOTHER doctor operated on the young man for appendicitis. And the young man lived and was very thankful and behold he bestowed much money upon the surgeon and upon his helpers and upon the maidens that hourly watched over him and he spread abroad the fame and honor of the surgeon and his helpers and the maidens and the hospital and he said, "Now again, I may eat, drink and be merry." and he did.

But he never went to consult the good doctor again.

IS MERCURY A THERAPEUTIC AGENT?

O. S. Laws, M.D., Los Angeles.

(Read before the Southern California Eclectic Medical Ass'n)

Although mercury in various forms, and in larger quantities perhaps than any other drug, as a remedial agent, has been used for more than four centuries, some of us raise the question whether or not it is a **therapeutic** agent.

Its use at first was based on the assumption that two diseases could not exist in the body at the same time. But, although a false assumption, it rules the great majority of medical men. To properly get into the true merits of my theme, let us glance at—The Great Power of Assumption. Doubtless but few people ever deeply consider the fact that the world is swayed, to and fro, by the power of assumption. It seems to make no difference whether the thing assumed is true or false, rational or absurd, if the leader has a gift of genius in that line. The most glaring absurdities are now being engraved on the minds and hearts of hundreds of intelligent people, so that time may never efface them. I will mention three of the most notable, and begin with the latest.

1st. So-called "Christian Science" is a rapidly growing society and includes men and women of culture, and expends millions of money, and may be doing some good. But I am not now looking for the effects but the assumption upon which the whole thing is built. What is that assumption? "There is no such thing as matter." Hence, "there can be no such thing as pain." A little Boston woman some years ago got hold of that old assumption of the ancient Hindoos of India, and she saw the possibilities of millions in it. She threw herself into it and stuck to it until it grew and spread immensely, till the millions came. Her assumption is as above, that "There is no such thing as matter," and this is followed by many minor assumptions such as, "There can be no such thing as pain," "The five senses are five lies," etc., etc.

Thus she sweeps away all our text books on science, and all that we see, hear, feel, taste, or smell.

To demonstrate that these assumptions are true would be to blot out the entire visible universe, and leave only "illimitable space," without even the wonderful Mrs. Eddy and her "coach and four" being in it.

2nd. Darwinian Evolution is a bold assumption, "first written as a joke," says Dr. Wilfred Hall, but when he found he was taken seriously, he stuck to the assumption, and thousands are trying to "ape" him yet, although his theory is beset with absurdities.

3rd. Away back about the time Columbus was crossing

the Atlantic, somebody assumed that mercury was a therapeutic agent, and although chemistry and physiology clearly show the absurdity of such a claim, the theory is blindly followed to this day by all medical men of one school, and some of all schools that use drugs in practice.

As stated before, the first assumption was that two diseases could not exist in the human body at the same time, and it being known that mercury would produce a disease when freely given, regardless of any other disease that might be present, the next assumption naturally followed, that mercury was a universal specific, "from start to finish," in some ailments and as a general helper and last resort in all manner of diseases. All of this is based upon absolutely false assumptions as my close observations for many years clearly prove.

I think that we can clearly demonstrate that mercury is not a therapeutic agent in the true sense of the word. I do not propose to array a lot of counter assumptions, but proceed to dig up the facts of science bearing on the subject that all must admit. I take the negative of the question at the head of this paper. According to Webster, a therapeutic agent is one that heals disease, is curative and remedial. I deny that mercury is ever curative, or possibly can be. (1) Calomel, which is the form most used internally, is insoluble by any fluids of the body. (2) No form of mercury is a natural element either of the body or any food used to make good blood. (3) Calomel, although insoluble, by some means gets into the blood current as all must admit who use it for blood diseases, and as shown by its effect on various parts of the body. (4) So we see that calomel in the blood current is a lot of drift wood of greater specific gravity than the blood, and is driven to and fro in fine particles puncturing the leucocytes, and wounding delicate structures. They may also kill some microbes but cannot possibly confine their work of destruction to that class of invaders.

The nerves are whipped so furiously that some patients are greatly excited and some so benumbed that pain may be relieved temporarily or that "tired feeling" may disappear for a time. Thus it goes on until in some way it lodges here and there in the dead material it has destroyed. The amount of this material will depend upon the amount of mercury being rushed through the blood vessels, and the pulse rate. As there is nothing about mercury in any form that can cause nutrition or cell growth, or supply any needed element, we can think of nothing but destruction from its presence in the system.

Surely no one can deny the foregoing statements and give a satisfactory reason for so doing.

I will now proceed to give a few logical deductions, and necessary inferences based on the foregoing facts. The action of all forms of mercury on the human system is irritation or destruction according to the amount used or the susceptibility of the patient. The dead and wounded leucocytes and delicate cells drift together in various places and obstruct the capillaries, and form nests for microbes and incipient tuberculosis. Many cases of rheumatism are caused by mercury and many others rendered incurable by it.

There is much said about "stamping out the great white plague." But it never can be done unless we first stamp out the internal use of mercury. The fact that it always causes disease when freely given was what caused its users to adopt the name Allopath. But the assumption, that all other diseases would **get out** when mercury got the glands fired up, became so absurd that the **name** is now repudiated, although the **practice** remains, proving the far-reaching power of a false assumption.

The treatment of syphilis is a good illustration of the falseness of both theory and practice. The mercury does not drive out the specific disease, but simply makes a bad matter worse by adding a third stage called tertiary syphilis. As I, in an extensive practice with that kind of cases, never had a case at first hand that reached a tertiary stage, I feel confident that mercury is responsible for that third stage with all its horrors. Yet there is a growing mania for stuffing this class of unfortunates in every conceivable way with mercury.

I cannot think of anything more likely to produce appendicitis than mercury drifting through the alimentary tract. We have been giving our Homeopathic brethren the credit of being a harmless tribe, but I suspect **mercurius dulcis** is responsible for many ailments. The solubility of the sugar of milk would make it a fine vehicle for carrying the fine particles of calomel into the serous tissues, nerves and brain. The results would be cataracts and various eye troubles, neuritis, epilepsy, mania and such like.

As discussing a question from a negative standpoint is rather awkward, so I will leave these few words with you, and ask a candid and thoughtful consideration of them. And I feel sure you must see from the very nature of it, and the ruin it has caused, that mercury is not a therapeutic agent in the true sense of the word.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE INFLUENCE OF THE BODY UPON THE MIND.

This is a tremendously big subject—entirely too big for the space at our command. Therefore, of necessity, we shall not discuss at all the attributes of the mind or its origin. Neither shall we attempt to define the mind, but depend upon the general, though somewhat vague, conception of the mean- of the word.

Much has been written and more said about the influence of the mind upon the body. It has been a favorite topic since man began to think and recently experienced a revivication through the advent of the Emmanuel movement. As a race we are so constituted that we require a change of mental as well as physical diet, and movements of this character are apt to recur with striking periodicity. We seem unable to comprehend, in more than a very slight degree, that a change is seldom advancement. And medical practitioners are possessed with this obsession as well as other people. In truth the mind is a very interesting study quite aside from its influence upon the body or the influence of the body upon it. It is so blown about by every shifting of the wind that we sometimes wonder if it can really produce an original conception. But let us leave these diversified relations of the subject and consider only one—the influence of the body upon the mind.

The body and the mind are correlated. There is no mind without a body, though there may be a body without a mind, In exceptional instances the mind may kill the body, but such cases are rare—so rare that they are made much of. In any and all instances the body may kill the mind at least in so far as the correlations is concerned. In this copartnership the body is the necessary, the primary member. A new born babe has no mind and its later development may be impossible, in whole or in part, by faulty construction of the brain; also by an inefficiency of one or more of the special senses. Furthermore the mind may be lost or crippled later in life by a loss of function of the brain or special senses induced by accident or disease. But the mind is influenced by other organs and parts than those just enumerated, and their influence is worthy of study. The peculiar perversion of the mind with depression of spirits due to a "torpid liver" was recognized by the ancients, and has long been a matter of common knowledge among the laity. An equally peculiar perversion of the mind with exhilaration of spirits due to "consumption" is also well known. And the effect upon the mind is a characteristic symptom in such diseases as goitre, uryxodema, uremia, pregnancy, ovaritis, prostatitis, etc.

Why each of these diseases produces a perversion of the mind peculiar to itself is interesting but of little importance compared to the recognition and appropriation of the symptoms. By this knowledge we are aided in our diagnosis and by showing the patient wherein his conclusions on any line of thought are likely to be erroneous we can prevent him from making egregious blunders. Judicious advice from time to time will help to make him more successful in business; also increase the pleasures of his social relation. In no sense are such patients in the incipient stage considered to be insane though their conclusions may be unreasonable. However, they may eventually become so if not properly treated. By relieving the brain of each individual from irritation from the body it recovers its proper equilibruim and the normal reasonings are restored. This is seldom an easy task, requiring both skill and patience from the practitioner.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May, 1910. J. T. Farrar, M.D., Berkeley, Cal.,

President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1910. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on January 4th, at 7:30 p.m., at the office of the College. The attendance was much larger than usual—several of our out-of-town members being present.

The president, Dr. Beard, presided and after the transaction of the usual routine business, Dr. Munk read a paper on, "The indicated Remedy." This paper was interesting and many of the members discussed the various points and added points from their personal experience.

The next meeting will be held on February 1, at the same hour and place. Dr. A. P. Baird will read a paper and Dr. O. C. Welbourn will report on a number of recent clinical cases.

Adjournment.

JAMES BEARD, Pres. P. M. WELBOURN, Sec.

AN APPEAL—JOIN THE NATIONAL.

The plans for the next meeting of the National at Boston, June 22, are well under way, and we have every expectation that it will be a noteworthy gathering. Under the able presidency of Dr. Thompson of New York, all the preliminary arrangements have been made, and we have reason to believe that the attendance will be a record breaker. It has been many years since we have met in New England, and it is to the interest of our profession that as many as possible attend.

The railroads will offer us reduced rates with special stopover priveleges, so that those who have never been to Boston, may well find this an unusual opportunity for such a trip. The Massachusetts members are making great efforts to entertain us and they certainly know how to do it.

Aside from the motives of pleasure, we are sure that every member of the Eclectic profession is interested in the prosperity and perpetuity of our National Association. We cannot exist without this, and by all means we must keep it

in a flourishing condition. Indeed, we would be a sorry lot were we to allow our Eclectic organizations to be neglected, and therefore it is for the interest of every practitioner of our school to keep them at full tide.

The National is our most representative body. It stands for the highest ideals in medicine and surgery; it is the bulwork of Eclecticism, and in it we find the best exponents of our school of medicine. We cannot live without it, and every follower of Beach should exert his influence for its continuance and prosperity. A practitioner of our school cannot live by himself alone, and he must associate himself with its organizations. We therefore make this primary appeal for every one to come forward, and to lend his influence that the good work may go on.

If there are any physicians who are not members of the National, they should join at once. By a new rule, application and the payment of the annual dues of two dollars may be made at any time, and names will be posted in the June Quarterly, and voted on at Boston. It costs but two dollars a year, and every graduate of an Eclectic school should become a member.

The undersigned is Chairman of the Committee on Organization. Any state society member who wishes to join, may send name, address, year of graduation from college, and two dollars to us, and we will file application for membership. Blanks for application will be forwarded to any one who will make inquiry. Membership dues include an annual subscription to the National Quarterly. Send in your name and do your duty to the profession. The nine hundred who are already members of the National, renew through their state society secretaries.

JOHN K. SCUDDER, M.D.
1009 Plum St.,
Cincinnati, Ohio.

NEWS ITEMS.

Dr. William Soenneken of New York is visiting in Los Angeles for his health.

Dr. E. P. Wood recently presented the College clinic with a new surgeon's operating table.

Dr. Keegan, San Diego, was in the city the first of the month. The doctor was on his way home from Chicago at which place he had been taking post graduate work for sometime. The weather of Chicago was too cold for a Californian.

Dr. and Mrs. Chase, St. Joe. Mo., are spending the winter in Southern California. This is the seventh consecutive winter they have spent the season here.

Boletus, or its active prineiple agaricine, is not only a remedy in ague, but will also eure excessive or abnormal sweating Whenever the skin becomes relaxed and fleshy and oozes moisture this remedy is indieated.

The differenee between discovering the north pole and inventing a flying machine is that the latter has thousands of witnesses of the fact while the former has none—therefore an increase in the membership of the Ananias Club.

Dr. James Beard, Professor of Therapeuties, has been confined to the house for two weeks with a bad eold.

Dr. J. H. Ashabranner, E. M. I., '99, formerly of New Albany, Ind., has recently located at 752 Tenth street, San Diego, Cal.

BOOK REVIEWS.

PRIMER OF SANITATION. Being a simple work on Disease Germs and How to Fight Them. By John W.Ritchie, Professof Biology, College of William and Mary, Virginia. Cloth, 200 pages. Yonkers-on-Hudson, New York, World Book Company, 1909.

This is a book intended to teach fifth or sixth-grade pupils how to eseape germ diseases and how to co-operate in conserving community health—public hygiene. The illustrations are diagrammatie and bring out splendidly the thoughts whieh are intended should be conveyed to the young readers.

The style of the text is elear, the grouping good, the faets presented exaet. It would be a distinct advantage to the nation if sueh a text-book as this eould be introdueed everywhere into the grammar schools of the country. The volume will bear reading by nurses and by older persons as well, and is by no means without interest to medieal praetitioners.

DISEASES OF THE EYE. By Kent O. Foltz, M.D., late Professor of Ophthalmology in the Eeleetie Medical Institute Cineinnati, 2nd edition 12 mo. 566 pages, fully illustrated eloth, $2.50. The Seudder Brothers Company, 1009 Plum St., Cineinnati, Ohio.

This is the seeond edition of a work with whieh many praetitioners are familiar. No revision has taken plaee sinee the first edition. Dr. Foltz has given the most explieit direetions for Eeleetie internal medieation along the line of "Speeifie Medieation," and it may be added that "Speeifie Diagnosis" is as important in diseases of the eye as any where else . Too often the eye is treated as an independent and isolated organ,

no account being taken of its close relationship with other organs from the standpoint of embryology. Constitutional treatment is often neglected in these cases, evidently ignoring the fact that drug action is always the same on tissues of the same organ.

THE PREVENTION AND TREATMENT OF ABORTION; By Frederick J. Taussig, A.B., M.D., lecturer in Gynecology, Medical Department, Washington University; Obstetrician to the St. Louis Maternity Hospital, etc. Cloth, 180 pages 59 illustrations. St. Louis, Mo. C. V. Mosby, Co., 1910. Price $2.00.

This work is divided into Part 1, General Considerations. Part 2, Prevention of Abortion. Part 3, Treatment. Part 4, Appendix.

The consideration which has been given to the subject of "Abortion" is not at all proportionate to the importance of the subject. The text books on Obstetrics give one chapter in their general field, but this is too small a part because abortions and miscarriages compose a very considerable percentage of all the pregnancies (one in five according to most authorities). The mortality after abortions is higher than after confinements.

Complications involving operative measures occur with far greater frequency and every gynecologist knows what a large proportion of his patients date the onset of their trouble to a mismanaged abortion. It is a far more serious condition than we formerly considered it, and demands our most careful consideration and analysis.

Therefore this monograph will be found to give much valuable information presented in a concise, clear manner, There are many illustrations which aid in the comprehension of the subject.

MANUAL OF THERAPEUTICS. Referring especially to the products of the Pharmaceutical and Biological Laboratories of Parke, Davis and Co., Detroit Michigan, 1909.

This little book is published by Parke, Davis and Co. has 643 pages with flexible leather back and contains a mass of information useful to every physician. The bulk of the book is devoted to Materia Medica. Any physician desiring a copy may have the same for the asking.

THE LIFE AND DEATH OF DIET. By Dr. Axel Emil Gibson, San Jose, Cal. This is a monograph of 112 pages on the subject of diet.

MORTALITY STATISTICS, 1908. Bulletin 104, Department of Commerce and Labor. Bureau of the Census, E. Dana Durand, Director. General Death Rates; Cause of Death; Occupational Mortality; Second Decennial Revision, of the International Classification of Causes of Death. Washington, D. C., Government Printing Office. 1909.

RELIGION AND HYPOTISM. The Healing Methods of the Emmanuel Movement, by Axel Emil Gibson, M.D., San Jose, Cal. Reprinted from the Dietetics and Hygienic Gaeztte for July 1909.

READING NOTICES.

RELIEF OF ACUTE NASAL CATARRHS.

Few minor diseased conditions are provocative of such inconvenience as an acute nasal catarrh, and an agent that will check it and bring about a cure is worthy of the widest use. Douches of Katharmon in diluted strength will accomplish this end by reducing the turgescence of mucosa and checking the inflammatory process.

ADRENALIN IN A NEW PACKAGE.

In addition to the ounce vials in which it has hitherto been supplied, Adrenalin Chloride Solution is now being marketed in hermetically sealed glass containers of 1 cubic centimeter capacity. "Adrenalin Ampoule" is the name used to designate the new package, and the solution is of the strength of 1 to 10,000 (one part Adrenalin chloride to 10,000 parts physiologic salt solution). In their announcement of the ampoule, Parke, Davis and Company have this to say:

"Adrenalin Chloride Solution has become a necessity in medical and surgical practice. The most powerful of astringents and hemostatics, it lends itself to many practical uses and at little risk of injury in reasonably careful hands. Since the time of its introduction it has been marketed in ounce vials, and of the strength of 1:1000. Experience has shown, however, that a weaker solution is much more frequently required than the "full strength;" and while it is generally an easy matter to dilute with water or normal saline solution, in certain emergencies an already fully diluted preparation is to be preferred. While the danger of deterioration from occasionally opening a vial containing a solution of Adrenalin Chloride is not great, still, in consideration of the fact that a dose is needed now and then for hypodermatic injection, it is believed that the small hermetically sealed package will be welcomed because of its greater convenience and security."

As will be apparent from the foregoing, the Adrenalin Ampoule is intended for hypodermatic use. It should be of great value in such emergencies as shock, collapse, hemorrhage, athma, etc., or where prompt heart-stimulation is desired.

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Original Contributions

ECLECTICISM, WHAT IT IS NOT AND WHAT IT IS.

J. A. Baird, M.D., Los Angeles, California.

Read before the Los Angeles County Eclectic Medical Society.

To begin with it is not an epileptic medical society though some of them may be found in its ranks. Neither is it a school of fanatics though doubtless some of those have crept in unawares. Neither is it a school of medicine where any kind of ignoramus can be converted into an M. D., though some are wearing that title received from Eclectic Medical Colleges as many others from all other schools of medicine. It is not a school of electric doctors though half the laity seem to think Electric and Eclectic are synonymous terms and yet we may justly boast that the marvelous mysterious power of that subtle fluid designated. Electro Therapeutics is taught at least in the California Eclectic Medical College as thoroughly as in any college in our broad land so that no student need go out ignorant of the uses of electricity in all its varied forms as known today. Whether it be the simple magnetic current the Faradic, sinusoidal, static, Xray, violet ray, or any of the other varied forms known to scientific research it is taught and illustrated in the C. E. M. C.

It is not a school of medicine that has formulated a system upon and within the small confines of twelve tissue remedies but makes use of these twelve remedies as it does all other remedies obtaining results at times that are truly marvelous and that perhaps could not be obtained by anything else. Neither is it built upon the doctrine of similia similibus curantur making a specialty of high potency but it does make use of this doctrine, and high potency and has recognized the wondrous potent power for good when a medicine has been triturated so high that its original identity seems to be lost and when given according to the truth of like cures like the results have been such as to almost seem incredulous and draw forth such a remark from the opposite school as, "If you poured in a teaspoonful of a specific medicine or mother tincture in the Niagara river above the falls and drew out a teaspoonful of water below, how much of the original medicine

would you have in your teaspoon dose and what results could you possibly get?" The answer is very simple according to the Scotch plan by asking another question, viz: "If you bring a bloodhound to the spot where a negro was last seen twenty-four hours after he was there how much of that negro's entire anatomy will be found in the dog's nostrils and what result can you possibly look for?" Answer, within a few hours we expect to have the negro treed.

Again it is not a system whereby your headache, backache, heartache, or belly ache is cured by stretching or straightening the patient's spinal column. But the true Eclectic is alert to discover if that spine requires stretching or straightening and sets about doing it, in many cases curing the aches that nothing else would cure. Neither is it a system built around the doctrine that pure air, plenty of sunshine and pure water is all the medicine required to cure every curable disease and many that are not, but, Eclecticism makes a right and proper use of these three powerful and potent agencies to bring about a state of health in patients where all other remedies and methods would be unavailing. Nor is it a system sending its teachers about the country giving health lectures telling the people if they only will abstain from meats, eat no breakfast and not sit on their livers, they will always be perfectly well, never contract so much as a cold and their grey hair will turn to its original pristine beauty, to say nothing of baldheads becoming adorned with a luxuriant crop of soft, glossy hair such as they possessed in their youthful days. But it teaches that a suitable diet according to the needs of the patient with proper exercise and anatomically correct manner of sitting, walking, standing and breathing is with other indicated remedies highly conducive to a long, healthy life.

Nor yet is it a system which teaches that water cold or hot without the aid of any other remedy will assuredly cure the human family of all ailments to which flesh is heir though its followers most assuredly make use of Hydrotherapy in all its varied phases, whether it be a hot bath, a cold bath, a sponge bath, an electric bath, a wet sheet pack or any other kind of pack or application of water cold or hot that the intelligent Eclectic may deem prudent, and get results that without them would be slow in coming if indeed at all times possible.

Neither is it the great system of medicine founded upon "contrario contraribus curantur," which verily believes there is not another method of cure and that what they don't know is not worth knowing and truly believes that wisdom will die with them, at the same time having but little confidence in medicine at all, trusting to nature and good luck to cure as they

say eighty per cent of all their cases and that the rest will die anyway. Their notorious ignorance of materia medica and therapeutics has driven them to surgery so that nearly all cases are operable with them and a successful doctor means that you have had a great many good paying surgical cases although, perhaps their only excuse in many cases for the operation was they could not diagnose the case to their own or their patient's satisfaction, and so performed a laparotomy for the trifling sum of $500.00 in order to hunt for a pain, or may be their bank account was low, making the operation imperative. When they do give medicine it is with the thought that disease is a something which must be fought with drugs of sufficient dosage and strength to drive the enemy out so the poor patient has to stand or withstand the awful bombardment of the powerful and in many case deadly drugs on the principle of knocking life out to keep it in. This is the same school that used to nine times out of ten perform venesection and give a round of calomel. Oh! no, Eclecticism is not that, though it recognizes the truth in contrario contraribus curantur and uses all the wise and sensible things connected with the system repudiating everything that is not for the welfare of the patient.

Webster gives a definition of Eclecticism something like the following: An American system of medicine, the followers of which select the best from all other systems, having special regard to indigenous plant remedies and the conservation of the vital forces. This is good as far as it goes but it doesn't go far enough. He might have said it is a school of medicine having its origin in America the followers of which select the proper indicated remedy or remedies whether recognized by any other system or not, whether organic or inorganic, whether indigenous to this or any other country and always keeping in view the conservation of the vital forces. This is Eclecticism.

And what is an Eclectic? Answer: A physician and surgeon who believes in the indicated remedy at all times, who is trained and skilled in the knowledge and use of the remedies he prescribes for his patients, who understands the language of disease, its characteristics and manifestations as seen in the human being using every faculty of his being to discover physiological wrongs and these same faculties in setting them right whether it be by the use of one 10,000 of a grain of atropine or a pint decoction of bitter herb or a smile and a one-half hour talk of encouragement or the gift of some money to buy necessary food and raiment to a poor discouraged mortal, or it may be the use of a sharp knife to perform

a circumcision to relieve a nervous irritation or the cutting into the abdominal cavity to remove some foreign body or growth or correct some wrong or the application of forceps to hasten a delivery that without it might end disastrously to mother and child. In a word the Eclectic doctor is a skilled anatomist, bacteriologist, pathologist, hydro osteopathist and electro therapeutist skilled in the knowledge and use of instruments and appliances of all kinds but especially a man with a profound knowledge of Materia Medica and Therapeutics and having implicit faith in the remedies he uses and prescribes and yet with all a very definite knowledge of how short he and every other man comes of the ideal physician which the Eclectic school of medicine is alone capable of producing.

Eclecticism, with its long vigorous arms stretches out and plucks the buds, flowers, leaves, fruits, roots or barks from the highest mountains and deepest valleys in all quarters of the earth, makes the bowels of the earth yield to its rich store, compasses the rivers, lakes and seas, gathering from their depths the healing virtues of what they contain and bringing the various animals and even insects to its storehouse and laboratory, extracting from them their healing powers. Eclecticism teaches its disciples to be doctors who can and do formulate and if necessary fill their own Rx not allowing some manufacturing chemist 1000 miles away to prescribe for their patients, because it is so easy. It teaches them to use the right remedy of a known quality whether it be a specific medicine, an alkaloid or the crude drug without regard to price. It teaches them never to put their patients to any useless expense but never spares any means that will be for their best interests. In a word it teaches them to do the right thing at the right time, in the right place, in the right way, with a right motive—to do all the good they can to all the people they can, in all the places they can, and as often as ever they can.

Perhaps enough has been said to show what an Eclectic really is, however, one more word seems necessary. Other schools of medicine seem to think an Eclectic is a phsician who prescribes nothing but specific medicines. That is to say the products of Lloyd Brothers. of Cincinnati, Ohio, which is not true at all, but, as already stated he uses the very best to be found and as Lloyd Brothers have given, not only to Eclectics but to the entire medical profession medicines which for purity, reliability and activity are today without a rival, he uses them with a feeling of trust that they are exactly what they are represented to be, pure and true to name, getting results which otherwise would be impossible. And the writer

feels that he cannot close this paper without extending his heart-felt gratitude to the noble and successful efforts of the said firm in putting into our hands weapons upon which we can depend to combat disease.

And with the great principles for which Eclecticism stands Specific Diagnosis and Specific Medication, are inseparably connected the names of Dr. John M. Scudder and Lloyd Bros.

THE INTERNATIONAL PLAYGROUND.

J. A. Munk, M.D., Los Angeles, California.

We speak of the southwest as our National Playground because of its favorable climatic conditions which permit of an almost daily comfortable outdoor life. The few persons who have visited the southwest know what it is like and many more are coming every year who are in search of health or pleasure and want to find out; but the hordes of people that live in the far east and north and are subject to all kinds of weather extremes, either know of it only from report, or live in blissful ignorance of anything better than their own little environment.

The southwest is not only a national playground but, owing to some recent events, a certain spot in the southwest, the Los Angeles plain on the littoral of Southern California, has suddenly sprung into fame as the International Playground of America by the meeting of nations in a friendly contest of airships flying in midwinter. During the eleven days which were included in the event, from January 10 to 20, no inclement weather intervened to prevent the airships flying, but each day of the course the programme was carried out as prearranged. While Southern California was enjoying its customary delightful weather of warm sunshine and calm, the rest of the country was blizzard swept and lying under a mantle of snow and zero temperature.

After centuries of striving to discover an invention that would enable man to navigate the air, the difficult and seemingly impossible feat has been successfully accomplished; and the people of Los Angeles were among the first to see men fly through the air like birds. The first sight of such a flight, seeing the supposedly impossible to actually happen, gives a distinctly new thrill of surprise. The act is not a succession of short flights and jumps like a projectile ricochetting along the surface of the earth but actually flying high up in the air and soaring as graceful and easy as an eagle. How this discovery will affect human life on this globe is yet to be seen, but now that the pace of sailing the air has been set it will be strange in-

deed, if the art of flying does not rapidly grow and expand until traveling in an airship will become as common as riding in an automobile, which mode of locomotion was thought to be as impossible as flying only a few years ago.

New world records were made on the Dominguez aviation field and Louis Paulhan, the French aviator did something daring and spectacular every day during the meet to interest and entertain the great crowds. He flew through the air as free and easy as a bird. One day he sailed up into the sky nearly a mile high and when he came down and landed on the very spot from which he started he touched the earth as light as a feather. His cross-country flight of forty-five miles to Arcadia and back was another record breaker; and thus, every day something unusual and exciting happened. The local management was a complete success. The gate receipts amounted to $137,000.00 and the subscribers to the expense fund not only received all their money back but also an additional percentage of profit by the division of a surplus.

Some remarks on the subject in the Los Angeles Times are suggestive and pertinent. More than ever before, the aviation meet has emphasized the recognized fact that Southern California is the playground of the world. We have here the skies, the sea, the mountains and the plains. We have the climate, the moderate breezes. There are more bright days, less nipping frosts and less oppressive heat in Southern California, taking the year around, than anywhere else on earth. A statement like this used to cause a raising of eyebrows, shrugging of the shoulders and interrogation points in the eyes of those who heard the boast. All these signs of doubt are passed and there is no longer any need to re-assert the fact as it is known of all intelligent people. These are the things which attract here year after year the largest company of tourists that visit any place in the world.

The hundred thousand visitors that come here during the year will in the natural course of events soon be doubled, and all will have to be amused and entertained. Everybody enjoys the delightful climate and scenery and weeks and months can be profitably spent in sight-seeing. But aside from the natural attractions, games must be added to the playground. There are plenty of theaters, as large and as fine playhouses as those of any other city of equal size, that help to fill an important gap. But this is an outdoor land and the sports that will attract the most people here are those that take place in the open under the blue skies and in the beautiful setting of our charming scenery. Automobiling is a fascinating pastime and under favorable conditions, furnishes much agreeable diversion

Everything here is suited to this sport and when the new system of boulevards, which is now in process of construction, is finished, the roads will be ideal for automobiling. Automobiles are very much in evidence and the number of licensed motor cars in California is not much less than 30,000.

Pasadena, a city much smaller than Los Angeles, has set the metropolis and all the smaller cities an admirable example in her Tournament of Roses, held annually on New Year's day. Year after year the press dispatches flash over the world stories of the flower show at Pasadena and the eyes of the world are turned this way. Aviation week has carried the name of Los Angeles and Southern California farther than they have ever gone before and the impression produced upon the minds of those who have heard of us for the first time, as well as on those who are more familiar with our affairs, have been made deeper than anything else could have produced. The tests of these airships and the flights they made were more successful than at any other place. The spiral stairway towards the stars described by the fearless Paulhan is pictured in newspapers and periodicals and will be flashed upon the screen at moving picture shows from one end of the world to the other.

About the only show which has not yet been added to our list of attractions are regattas or yacht races on a large scale. At no place in the world could such races be pulled off more successfully than on the placid waters of our coast. This sport seems to have been missed or overlooked by our amusement caterers but will undoubtedly soon be arranged, now that attention has been called to the subject. Los Angeles has the playground and she also proposes to furnish the games.

TOXINE OF STINGRAY FISH.

V. Millasich, M.D., Galveston, Texas.

Read Before the California Eclectic Medical Society.

Allow me to present you a paper on poisonous toxin of Ray Fish, which habitates the gulf and coast of Mexico. The Ray or Stingaree Fish of flounder life form, with the exception of having a long tail, which is sometimes a yard or more long, according to the size of the fish.

On the upper part of its tail, on or about the middle of it, there is a fang of stilletto-like form, pointed at its extreme end, and broader on the tail end of it. That projectile has very prominent teeth on both sides of its fang, the teeth are in direction from before backward, so that when it enters the parts, and on account of the opposition of teeth, it makes it very hard to pull out, but sometimes it breaks

within the wound, and then cannot be pulled out, without surgical interference.

The fang above named, is attached to the upper part of its tail in a ginglymus-like joint, and when the fish lays motionless on the bottom of the sea, the fang then lays flat on its tail, but the moment the fish is molested it flaps forward and sways its tail furiously in various directions. Its fang then stays upward prominent, and if it happens to attack any part of the human body, then that is the time that it inflicts its punitive effect.

The fang of the fish has some kind of peculiar acrid toxic property, so when it is carried within the parts, it causes an instantaneous, fulminating piercing and tearing pain.

Some of the shining lights of medical fraternity claim that the pain is due to the entrance within the wound of some unknown micro organism, which I doubt very much. If the pain developed some time or hours afterward, I might think that it due to infection, but being such that it is fulminating, instantaneous and excruciating pain then I presume that the pain is due to some concentrated acrid toxic properties peculiar to that fish only.

After the fang of the Ray, with its toxin enters the tissue, it causes the flesh as well as the blood and all the tissues entered to distegrate, it turns into dark and almost black sanious substance, which is very offensive, and if it is not removed in time, the poison will progress, until the injured part and even the life itself may be imperiled.

Here, a few months ago, I was treating a Spanish fisherman, who while fishing along the waters of the Gulf of Mexico near Galveston, was attacked by a stingaree, its fang entering the man's leg about three and one half inches above the ankle of his right foot, upward, inward and forward, passing about four inches into the leg, reaching nearly to the bone, and tearing muscular tissue and fascia into an ugly and unsightly wound. Being at sea for about three days, without medical assistance, the man suffered untold agony. On arrival in this city, I examined the wound carefully, but not knowing the poisonous effect of the virus and its peculiarity, I treated it as a simple affair. I cleansed the wound, dressed it and sent my patient away, telling him to return on the following day. When he again presented himself as directed, I found the leg more swollen and painful, and the flesh around the injury, purple-black. I then concluded that this was a very serious matter. I probed the wound, the probe entering for about four inches and found the tissues very soft and boggy, I then concluded that some heroic treatment was needed.

I instructed the patient to return home and prepare for an immediate operation in order to save the leg and perhaps, his very life. Upon my arrival soon after at the patient's house, I immediately administered one-quarter grain of morphine hypodermically, then with a little preparatory asepsis, I opened the leg through the skin muscles and fascia, until the periosteum was reached.

The incision was about four inches in length in the direction of the wound, which was almost parallel with the muscular tissue.

On opening the part, I found black semi-liquid substance, I sponged the parts and curetted deep in and all around the wound for all possible necrotic material. I irrigated it with Hydrogen Dioxide, and then with hot bichloride 1:4000, dressed the wound with sublimate gauze, and instructed the patient to keep the parts well elevated and moistened with bichloride solution until my return.

Upon my return to the house later, I found the patient resting comparatively well, and with hardly any pain at all. He had slept for four hours which he had been unable to do but very little for several days. I again opened the wound and irrigated it with same solution, dressed it and left instructions as before.

The following day I found my patient resting easier and the dusky color of the leg started to disappear. Six days after the operation the color of the leg became almost normal. The wound was clean except in one part there was tendency to necrosis, curetted the spot, dressed as before and departed. The next day I irrigated the wound again and dressed it with iodoform gauge and powder. In a few days the wound was granulating nicely, but being deep it was long and gaping, I concluded to bring its edges together, not by suturing through the tissues, but by applying adhesive plaster alongside of its edges, and then suturing through the plaster, which I did. Before suturing the parts I placed the iodoform gauze lint in, and everything worked finely.

On the eleventh day after suturing, I found complete union except in one and same place as before, where there was some necrosis, and that part resisted all my efforts and every form of treatment.

I grew suspicious and inquired of the patient as to his previous history concerning syphilitic disease. He admitted having syphilis about one year previous which was very rebellious to treatment.

Thereupon I placed my patient upon my only syphilitic

treatment, and eight days later I could perceive a change, and in a few days longer I discharged him as well.

My only syphilitic treatment was as follows:

Specific tincture Echinacea ℥ss.
Specific tincture Berberry.
Specific tincture Phytolacca.
Specific tincture Corydalis aa. ♏iss.
Pot. Iodide ℥iii.
Syrup simplex, qs. ℥vi.

M sig. Drachms two every three hours, for three days, then drachm one, four times per day, Diet nutritious and plenty of it.

P. S. You will say that my treatment was not Eclectic according to specific medication of mono____ but poly pharmacy. Well, what do I care,, I respect the Eclectic mode of treatment, but my medicine did the work, and that was what I was after.

If any Eclectic brother comes to these shores in time, and runs across such a case, all he has to do, is to open freely, curette deeply, irrigate well, clean, and keep on cleaning, dressing well and parts elevated.

SANGUINARIA CANADENSIS.

W. Leming, M.D., Tucumcari, N. M.

Specific Indications: Sluggish capillary circulation with relaxation of mucous membrane, and general inactivity of the nervous system.

In an excellent report, Dr. Herbert T. Webster, California, enumerated the fields of action of the drug, and the order and ratio of susceptibility as follows. "Sanguinaria acts on four separate anatomical fields:

"1. It influences the respiratory tract; and this is probably its most important place of action.

"2. It acts on the uterus; and this is probably its second place of selective power.

"3. It acts on the liver similarly to Chelidonium.

"4. It selectively influences the heart, and belongs in a class with digitalis, though it is slower in action."

Sanguinaria is primarily a stimulant in action, although the use of the drug in large doses or over too long a period of time, has given rise to its employment in a certain class of troubles where a relaxant might be employed. As with a great many drugs, Sanguinaria may be used as a variety of remedies by simply changing the dosage. Personally I believe Sanguinaria should be reserved for the action which is manifested when

the drug is given in the ordinary small stimulant dose of say, one-half to one drop. In a dose short of depression, it is a specific stimulant to and inciter of mucous membranes and the capillary circulation. The stimulant action appears primarily, and as a rule, its effects should cease here.

Potter claims that it increases secretion by irritating the secretory organs as it is eliminated although the secretion occasioned by the use of the remedy in large doses, could just as readily be ascribed the cause, as with large doses where there is great relaxation, and symptoms of collapse, with cold, clammy skin, dilated pupils, great thirst and anxiety, violent vomiting, spinal depression, and in lethal doses, death from paralysis of the respiratory and cardiac centers.

The remedy has gained the greatest renown as an agent in respiratory wrongs. It is a specific for the wrongs associated with pulmonary or bronchial congestion and relaxation of tissue with increased secretion and diminished sensibility, (given in small doses) where a tonic, astringent, and expectorant action is desired. Webster says it is best adapted to the acute conditions from the larynx downward to the termination of the large bronchi, with dry, hoarse cough, and burning sensations in the parts. He says the spasmodic element is not marked. The case to which he probably refers, is not one of the acuteness of Aconite, Ipecacuanha, etc. There is always a certain degree of depression of tissue present where a stimulant is called for.

Sanguinaria seems to me to be all the more demanded when there are thick, "nasty" discharges, with a bad odor, and several reports verify this point.

It gives me the best of results in Pulmonary Tuberculosis especially when combined with diluted Phosphoric Acid, always remembering to use the drug short of nausea and relaxation. Of course, it only relieves its portion of the disease. In such cases, it has revlieved passive hemorrhages for me. It has been mentioned for hemorrhages in various parts of the body. The drug has likewise been useful in various respiratory troubles giving the specific indications. Reports show its usefulness in nasal catarrh and polypus, wtih thick, profuse, foul discharges, headache in the temples and back of the head.

Dr. J. M. G. Waddington, Michigan, gives as a general indication: "Much soreness of the chest, congestion, with dry irritated cough, and extremely relaxed pharyngeal tissues."

This last element of atonicity must be considered, regardless of the diagnosis.

Using the large, depressing dose, Sanguinaria has been useful in membraneous croup. The Acetic Tincture was men-

tioned by several reporters as a remedy here, one writing, "It relieves in a few minutes;" another, "I have seen it cure the worse cases."

In a disease of the reproductive organs, Sanguinaria has given some marked cures. It has been used in the various wrongs here, relieving the reflex irritations accompanying, as sick headache, etc. Webster reports several cases where the use of the drug in large doses, produced miscarriage. I, myself, have seen it produce "overflows" in both sexes, some men being unable to take the drug on this account, where it was otherwise useful in respiratory wrongs present. Where Sanguinaria is indicated, in genitory diseases, it acts well.

One uterine case in particular; Mrs. O., 25 years of age, married five years, diagnosis Exfollative Metritis. Patient pale and anaemic, with the various menstrual pains, and a history of the shedding each month of a complete cast of the uterus, intact. Curettage had been employed twice without success, together with Iodine applications, etc. Specific Medicine Sanguinaria was given in one-third drop doses every three hours. The month following the institution of treatment, conception took place but the patient aborted a week later due probably to a fall. Much discouraged, she began another month's treatment with the results of a natural labor at term, and complete restoration to health.

As a remedy for the glandular system and the liver, the drug has not been sufficiently studied to verify its uses. Webster says it is indicated by bilious states, with pains and aches in the hepatic region, and sense of fullness in the abdomen, also for vomiting of watery fluid and bile, often with myalgic pains accompanying.

On the heart, its action is likewise unstudied.

The following uses for the drug have been reported by Dr. Eli G. Jones, N. J.:

"The nitrate of Sanguinaria is the remedy for Chronic Nasal Catarrh with altered voice. For mucous nasal polypi, I have used a snuff of equal parts of Sanguinaria (concentration) and flour, used two or three times a day. For ulcers on the cornea, the third decimal dilution applied locally to the ulcerated surfaces, is the best remedy. For unhealthy granulations, fungus growth, and ingrowing toe-nails, a 3x. dilution of the Nitrate is the remedy above all others for a local application. It is the remedy for sick headaches when the pain begins in the back of the head and spreads over the head, settling over the right eye, photophobia and nausea accompanying." He also recommends it as an application in cancerous growths.

The principal point to be remembered in the administration of the drug in all cases where its specific action is desired, is to keep the dose short of depression and relaxation.

Report for March, Apis Mel; April, Jaborandi; May, Apocynum. Can. Physicians are requested to report any drug uses.

CLINICAL CASES IN SURGICAL GYNECOLOGY.

Dr. O. C. Welbourn, Los Angeles, Cal.

Read Before the Los Angeles County Eclectic Medical Society.

The following patients were operated upon during December at the Westlake Hospital for the benefit of the class in surgical gynecology of the C. E. M. C., and they are reported to this society at this time upon the request of your president.

Case No. 1. Dr. H., age 26, She gave a history of pus tubes for which three operations were performed during 1907 and 1908, at the first of which both tubes and ovaries were removed. She has had fairly good health for the last year, except menstruating every three weeks and the annoyance of a large post-operative hernia. She recently noticed an increase of pain in the right side of the pelvis with the protrusion of a mass into the same side of the vagnia. Temperature, pulse and respiration were found to be normal; heart, lungs and kidneys were normal. A physical examination of the pelvis revealed a tender fluctuating tumor at the right side of the uterus. After proper preparation, a laparotomy was performed. A great deal of work was necessary before the adhesions were loosened sufficiently to get at the tumor which proved to be a cyst of the right broad ligament, as large as a small orange—rather an unusual condition. After enucleation of the tumor there was so much oozing of blood that it was necessary to employ a gauze drain. We elected to place it through the right side of the vaginal vault, and this somewhat hazardous procedure was safely accomplished. Neither ovary nor tube was found during the operation. The uterus appeared about normal. To overcome the inconvenience of the post operative hernia, it was deemed wise to dissect out all of the old cicatrix after which the abdomen was closed by the layer method. She made an uneventful convalescence and left her bed in three weeks.

Case No. 2. Mrs. M., age 18. She gave a history of having contracted gonorrhoea eleven months previously, and still has a profuse vaginal discharge. Temperature 102 degrees, pulse 120, respiration 22. Heart, lungs and kidneys were normal. Her general appearance is typical of chronic sepsis. Physical

examination of the pelvis revealed the left tube in a normal position, but greatly enlarged and tender. A large fluctuating mass in the right side of the pelvis apparently contained the other one. After the usual preparation, a laparotomy was done. The left tube was removed without rupture and the left ovary found to be reasonably healthy. The inflammatory mass in the right side was found to be an abscess embracing the right tube, ovary and appendix, as well as a portion of the ilium and broad ligament; all of which proved to be very friable. However, the most of it was removed piecemeal. A gauze drain was placed through the abdominal incision and there was a free flow of pus for six weeks. She had a stormy convalescence but left the hospital at the end of four weeks and has now fully recovered; except that she has not yet had time to overcome the anemia induced by the chronic sepsis

Case No. 3. Miss L., age 24. She gave a history of chronic dyspepsia and an irritable condition of the nervous system. Temperature, pulse and respiration normal. Physical examination revealed an old right indirect hernia—rather an unusual condition in woman,—also a tender right floating kidney. Heart and lungs normal. A microscopical examination of the urine indicated chronic nephritis. After the usual preparation, the right kidney was decapsulated, explored and suspended. The hernia was closed by a modified Bassini operation. The patient enjoyed an uneventful convalescence and left the hospital at the expiration of four weeks. At this writing, her nervous distress has markedly abated and her dyspepsia has almost disappeared. She may confidently expect to be entirely free from both of these symptoms in due time.

Case No. 4. Miss B., age 26. She gave a history of an irregular fever with a great deal of pelvic pain for two or three weeks. Also that she has had several of these attacks within the last year. Temperature 103 degrees, pulse 130, respiration 25. Heart, lungs and kidneys normal. She shows the usual signs of chronic sepsis—greatly emaciated and profoundly anemic. Physical examination of the pelvis reveals both tubes in a normal position, but greatly enlarged and tender. She had the usual surgical preparation and a laparotomy was performed. The adhesions encountered were both extensive and firm, but both tubes were eventually entirely removed, though one ruptured. It was deemed best to use drainage and a gauze trailer was introduced through the cul-de-sac into the vagina. The incision was closed with catgut in the usual manner. Protracted vomiting followed the operation and she was greatly prostrated in consequence. However, she

left the hospital at the expiration of four weeks and is now gaining very rapidly in flesh and strength.

DIETETICS.

Q. A. R. Holton, M.D., Whittier, California.

Dr. Glenski isolated the orifice of the salivary glands of dogs by dissecting them out and causing them to heal into an opening in the skin by which he was able to observe the flow of saliva under different conditions and determine its amount and quality by having attached to the open orifice a test tube. When the dog was fed meat the tube attached to the submaxillary rapidly filled with saliva. The same result followed when the dog was merely tempted by the sight and smell of meat. A pinch of fine sand thrown in the mouth had the same effect. A little acid rubbed on the buccal membrane gave a like result, seeming to show almost universal excitability of this gland from either psychic or mechanical influence. Not so with the parotid gland. This gland remained quiescent under the temptation of savory meat and also when raw meat was given it but gave an abundant flow when finely powdered meat was placed in its mouth. Moist bread caused very little flow while dry bread caused copious flow.

So we see that the different salivary glands are not aroused to action by the same stimuli. We may therefore conclude that their offices are not identical. Evidently they were not all chucked away in their respective niches because there happened to be a little available space. Since they are excited to action by different agents may not their secretions differ? May not the different foods require the action and influence of different glands?

We have been accustomed to think that the mechanical action of food and the chewing process arousing to such vigorous action the salivary glands had a like influence over the gastric glands, but Pavlow with his experiments on dogs has demonstrated that the gastric are but little if any affected by the mechanical action of the eating and swallowing apparatus or the mere contact of food either in the mouth or in the stomach. By means of a divided esophagus and fistulous opening into the stomach, he was able to extract the injesta on its way to the stomach and to measure the gastric secretion as it dripped from the open fistula into a suitable receptacle. Into the mouth of a hungry dog thus mutilated is placed in succession acids, mustard, pepper, salines, bitters, etc., all causing free flow of saliva, but no gastric juice at all. A well trained dog will even accept pebbles in his mouth, go

through the motion of chewing and swallowing them, thus they drop out of the open esophagus but excite no gastric flow. But now bring some meat and feed the dog, that also drops out of the open esophagus, but in five minutes a free flow of gastric juice begins.

Again after the flow has ceased, bring meat again before the eyes and nose of the eager, hungry dog, none is given him but in five minutes gastric juice is flowing freely. Thus was demonstrated the purely psychic origin of gastric secretion, at least in the canine tribe.

This demonstration has an important bearing on digestion.

(To be continued.)

TUBERCULOSIS.

Ovid S. Laws, M.D., Los Angeles, Cal.

Read before the California State Eclectic Medical Society.

Doubtless this is a familiar word to all of you, and threadbare from much handling.

I wonder how many of you are prepared to give a clear-cut definition of the word "Tuberculosis"?

I have been urged to write a paper for this meeting, at least a short one, and I feel sure I could not select a topic that would be more appropriate under present conditions of medical opinion on this subject.

The people are constantly being warned that tuberculosis is a highly contagious disease, and all sorts of schemes are talked of for excluding people thus afflicted from society. But a large proportion of the people have a good share of common sense, which cannot be said of some very smart doctors, and they see how matters are, and say if consumption is so very contagious, the earth would long since have been depopulated. I have been observing and treating such cases for half a century and I conclude that the people are right.

Just yesterday a man told me that his mother died of consumption after raising a large family of children, not one of whom has ever shown any signs of the disease. Thousands of such facts can be adduced right in the face of this tuberculosis scare.

But facts count for nothing when they are not wanted. My observation is that tuberculosis is not at all contagious, and not so infectious as many suppose, as the above named facts surely prove. However, I do not object to reasonable care and perfect cleanliness all the time.

Now please let me tell you what tuberculosis is, and some causes of it, and some hints at treatment.

Tuberculosis is a condition of the body when the vital force is unable to keep up the vegetative process equal to the natural waste that is constantly going on. Hence the blood becomes polluted, and waste materials will clog up tissues here and there to form tuberculous matter and nests for bacilli that thrive on such material.

These conditions vary with different cases, as no two are exactly alike in vital force, and other conditions.

The only immunity from tuberculosis is a sufficiently high grade of vital force, or talent for longevity inherited from our ancestors. Dissipation can so weaken the power of resistance that one with a high grade of vital force may become infected and either get well or hold out for twenty years or more before the grim monster wins the fight. A life line of one inch or more gives a chance of longevity, and a good degree of immunity from disease. Less than half an inch of life line gives a frail or sensitive constitution that gets all diseases that come along, and most of them die before full grown.

They are the ones easily infected with tuberculosis. Contributing causes are colds that end in chronic catarrh; overtaxing the powers by work or dissipation, and the internal use of such drugs as destroy cell growth, and even the blood corpuscles. Such causes are constantly at work and likely to continue.

The best treatment for tuberculosis, as all must admit, would be such a course as would rid the system of all morbid materials and prevent an accumulation later.

To accomplish that I would commend Dr. Tanner's method of fasting, coupled with the free use of Anemopsis, Thuja, and Echafolta to purify the blood.

Most cases where the vital force is indicated by a life line of three fourths of an inch or over, can be restored to a fair degree of health by such a course.

I give you these few words as they come to me from long observation and much experience.

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BACK TO NATURE.

The cry "Back to Nature" is heard in the land with such continuous and loud acclaim that it commands the attention of all men. The followers of this particular cult undoubtedly are in earnest. They think they are reformers, though they possess the usual foibles of the faddist. Such people set out on an endurance race as if it were a casual outing. With great ideas urging them ever forward, their enthusiasm soon becomes exhausted and they fall by the way-side, completely discouraged. After a short breathing spell they are up and off again, though usually at a tangent to their former course. They expect to accomplish great things, but at the end it is seen that they have accomplished nothing.

That the human animal, in his eagerness to show his superiority over other animals, does many absurd things in his worship of that goddess called civilization, we do not deny; but that is no reason why he should revert to a former type and worship another goddess called nature. One of the marks of man's superiority over other animals upon which he insists first, last, and all of the time, is his ability to reason. And one of the peculiar aberrations that possess humanity is that nearly every man thinks that he can reason

better than his fellows. As a matter of faet an exeeedingly small perceutage of men ean reason logically. This statement will be denied of course; but we acknowledge its truth, in a way when we ery "Baek to Nature." For by this aet we say our reason has led us astray, we must return to our animal instinets, our boasted civilization, the ehild of our eombined mental effort, is as nought. Even as the beasts of the field and the birds of the air we again must partake of the bounty of nature.

Our ears are so familiar with the sound of the phrase "bounty of nature" that it sounds good. But what does it really mean? Let us eonsider for a moment exaetly what nature has done and will do for a man—not in a eomplaining spirit, but rather in a spirit of reasonable enquiry. At present, man's aetivities are limited by eertain practieally unchangeable eonditions. He is fixed to this earth and he must make the best use he ean of its land, water, air and ever-changing temperature. The greater part of the land is barren, and of the remainder a eonsiderable part is uninhabitable by the white man. The fertile valleys whieh feed the world, do so by reason of the labor of man. It is true that certain grains and fruits do grow "wild," but they are so defieient in both quantity and quality that they would not support more than a fraetion of our present population. And, even though both salt and fresh water teem with life, only a small portion is edible, and this becomes so only upon the exereise of eonsiderable labor and skill, not only in the eatching but also in the preparing for food. As to the availability of water for drinking purposes, it ean be classified eorreetly only as bad, worse, worst. That man ean use it almost with impunity is proof only of his remarkable adaptability. And the air—the so-called essenee of life—it can be found in a pure state only at sueh altitudes and in sueh places that it is unattainable for man. Perforee he must be content and adapt himself to impure air as well as impure water. Finally there is climate, an aggregation comprising all of these eonditions as well as temperature and some other things. The polar and the equatorial regions are equally impossible. The remainder of the earth has great changes of temperature daily as well as seasonal; and the diseomforts from this are augmented by the variations in humidity. The temperature of man must remain constant, and this external and eternal fluetuation makes life not only diffieult, but aetually impossible, exeept as man is able to provide both shelter and raiment for himself. The provisions of nature are totally inadequate to support man, unless he adds thereto by his own skill and labor. However, if a

man really believes in the "Baek to Nature" fad let him be consistent and go the whole length. The most of them just sample a little. One man will eat whole wheat bread with unetion to his soul, forgetting that nature produees a very inferior wheat and bread not at all. It is man who evolved the seheme to make bread as well as to eook other foods. Man also elothes himself and warms himself in ways that other animals do not; and yet nature provides equally for all.

There is a "Baek to Nature" man living in this vieinity who approaches the real thing. He lives in a eave whieh he found in a hillside, and warms himself by a friendly sun. His elothing is a long gunny-sack gown without sleeves, worn only in deferenee to publie sentiment. His hair and beard are uncut and his nails are as nature makes them. He says that he never bathes, and one's sense of sight and smell eorroborate the statement. His food eonsists of uneooked grains and fruits, and he regrets that the only souree of supply is not from nature, but from over-civilized man. He leads a quiet, uneventful, unworried life, and believes that he is starting a mueh needed and soon to be world wide reform. All of which is absurd, and we all know that it is absurd. However, is it not strange that reasoning man allows himself to beeome a partisan of sueh a eult?

BACK TO THE PLOUGH.

Need a thinking man think twiee to perceive that the trend of modern thought of those most eoncerned in medieine leads now to the text that as a title heads this article? Need a man think very deeply to discover that the fallaey of some people has been that of imagining that humanity ean live and thrive without depending upon the life that eomes from the work aeeomplished by the plough? Out of the earth comes that whieh guides and eonserves the life-eurrent of all animals, ineluding mankind. The plough is but an instrument to eonserve possibilities in that direction. On the loeked-up energies eonserved by vegetation animals live. Seleeted forms of vegetation are the food of animals, as well as are the standard organie remedial agents that have from all time served humanity. The passing faddist vainly imagines that the reeord of the eenturies ean be broken by an artifieial something that takes the place of the great vegetable world. Now it may be one thing, now it may be another, that possesses the thought of the faddist, but in the end the bank of wealth of all that is stands supreme in the vegetable kingdom and its produets.

But reeently we have seen the erusade of the artifieially-

created synthetic, so important, apparently, in the eyes of some persons, as to promise to blot from use the natural products of the field and the forest. We have seen, indeed, the death of some important industries through these artificial processes. Thus, indigo and madder and other dye-stuffs have been swept from their thrones by the art of the synthetic chemist. Thus salicylic acid and its products, even to a synthetic substance of the composition of wintergreen oil, have become conspicuous as replacers of some of the natural products. Thus substitutes for such narcotics as morphine, and for such anesthetics as cocaine, come to us from these same directions. These and such as these lead men of balanced thought to hold on to that which is good, but yet to hope that even greater possibilities lie in the future. But these facts and such as these lead other men, the faddists, to fly off on a tangent, and let go that which is good, sacrificing their opportunities in directions the centuries have established as being good.

A limited number of synthetic products, a very limited number of established remedies from the animal kingdom, stand to credit the work that has been established in these directions, these forming so very small a factor in all that conserves life's processes as to be but a fragment, on which the thoughtful enthusiast bases his hope for an enlarged future.

One of the causes of lamentation for the philanthropist and the student, is this tendency of some people to build upon a fragment, hoping to form a perfected temple that can have no possible existence, and, in doing so, to recklessly tear down the work of ages gone by. Much as the magnificent temple of Diana of Ephesus was used as a quarry, to create buildings that are now of use only as a fragment here and there indicates the origin of that fragment, so is such work as these men do to take its place in the testimony of the passing day.

The time is surely near at hand when men balanced in thought, but yet no less enthusiastically hopeful than is the faddist, will call a halt in the direction of the craze that now possesses some men in the professions of medicine and pharmacy. "Back to the plough" is the cry that soon must come from the leaders in thought and in action. When comes that cry, and the attempt to dethrone the vegetable materia medica and its product is ended, it will be seen that those rationally concerned in the evolution of the materia medica are those who have held firmly to that which was established in the direction of the vegetable materia medica, and yet we have thankfully accepted whatever came from any direction whatever outside, crediting therefor him to whom credit was due.

Comes now the object of this discursive sketch. The re-

nowned pharmacologist, Professor Alexander Tschirch, a follower of the late celebrated Professor Fluckiger, was recently called to London to deliver an address concerning the science of pharmacy and of pharmacognosy. A more magnificent review of that which came from the past, a more remarkable summary of the present, and a more clearly-cut prediction as to the future, we have never seen presented within the same space. Said the Professor, quoting from Euripides, "Happy is he who has obtained an insight into the course of the past;" adding that such men as Fluckiger, as Goethe says, "took frequent delight in immersing themselves in the 'Spirit of the Times,'" closing, as Leibnitz observes, "Our civilization proceeds, not in a straight, ascending line, but in a spiral, returning continually to a point in the line a little above that from which it started."

Thus we would say that the faddist and the faddists lead their intoxicated followers amid unbalanced hallucinations in a spiral that too often wanders away from fact and into fancies from which, when passes the fad that possesses them, the body returns to the point from which it started, with just a little added to the sum of human knowledge as a record of it all.

But what is this foundation to which humanity does, and must, return? Let us repeat the words of Professor Tschirch:

"We may therefore assuredly hope that medicine, when it has thoroughly ruined the digestion with synthetical remedies, and tested all the organs of the animal body, will return once more to drugs, and will employ them to a greater extent than it does at present. It will return once more to the most ancient remedies of mankind—to the medicinal plants and drugs, for the utility of which the experience of thousands of years vouches."

Let us close with the thought that the Eclectic physician is seldom misled by the fancies and the fallacies and the fads of him in synthesis or organotherapy. The Eclectic physician stands today, where Professor Tschirch hopes others who have wandered will stand, when their fads and their fallacies have "thoroughly ruined the digestion with synthetic remedies, and tested all the organs of the animal body." To the latter Professor Tschirch refers as "the disgusting pharmacy of the eighteenth century, which extolled the various organs of the human body and their secretions."

Lloyd, in E. M. J.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston,

Mass., June, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1910. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1910. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The Los Angeles County Eclectic Medical Society met in regular monthly session at the office of the college at 8. P. M., February 1st, 1910. In the absence of the president, Dr. G. W. Finch presided. There was the usual attendance including a number of out of town members and visitors.

The usual routine business having been transacted, Dr. A. P. Baird read a paper entitled "Eclecticism, what it is and, what it is not." This proved to be an interesting paper, reviewing in a way the various theories, schools and systems of medicine, showing the broad foundation on which Eclecticism is builded and while dominated by no dogma follows only the laws of nature.

Dr. O. C. Welbourn reported four interesting clinical cases.

The paper and the clinical reports drew from the various members a lengthy discussion, making the evening an interesting one.

The next meeting of the society will be held at the same hour and place, March 1st, 1910.

Dr. Hubbard will read a paper and Dr. A. O. Conrad will furnish the regular clinical report, while Dr. O. Davis, of Sawtelle will make a report relating to the recent supposed "Ptomaine" poisoning which occurred in his home town.

Adjourned.

G. W. FINCH, M.D., President, pro tem.

P. M. WELBOURN, M.D., Secretary.

NEWS ITEMS.

Dr. J. B. Clifford, Santa Barbara, was in the city on the 12th en route to Anaheim to attend the big meeting of the

Knights of Pythias, when one hundred candidates were initiated.

Dr. A. J. Compton, Paradise, writes from Tarpon Sprigs, Florida, at which place he is spending some time, after an extended visit in Charleston, West Virginia. He speaks of finding in West Virginia many old time plants which he had gathered when a small boy. In Florida the soil is sandy and the trees mostly pine, live oak, palmetto and scrub oak, the fruit raised being mostly oranges and grape fruit, the latter excelling the California variety. The chief industry of Tarpon Springs is the sponge fishing, the sale of which amounts to thousands of dollars per day, buyers being there from all parts of the world. The doctor seems to have changed his view of the negro question since his arrival in the south. He will leave Florida about May or June and then may return to California.

Dr. Kelleghan, New York, paid his friends a flying visit recently when he was in the city a few hours en route from New York to San Francisco.

Dr. O. C. Darling, of Riverside, was in the city last month on business. He also called on his three protegees who are in training in the Westlake Hospital Training School for nurses.

Miss A. M. Werner resigned as superintendent of the Westlake Hospital, recently, owing to ill health. At present she is visiting friends but later expects to do private nursing.

Miss Anna Shaw is the new superintendent of nurses at the Westlake Hospital. Miss Shaw is well known by the medical profession in Southern California because of her previous relation with the Deaconess Hospital in this city and more recently when superintendent of the San Antonio Hospital at Uplands, which position she resigned to come to the Westlake Hospital.

If you aren't a subscriber for the California Eclectic Medical Journal or if your subscription is due—please fill out the blank which you will find in the advertising section and send to us at once. The postal authorities are very particular about subscribers paying in advance.

"Dr. Jessie G. Forrester, formerly of Chicago, has located in Santa Monica. Dr. Forrester graduated from the Bennett Medical College, class of 1886."

Dr. C. E. Phillips of Wilton, Wis. is taking a prolonged vacation in Southern California and has headquarters in Pasadena. He made a friendly call at the college office recently

and expressed himself as well pleased with California climate and the prosperity of our school.

In some recent correspondence with Dr. R. E. Kunze about Dr. Joseph Rhodes Buchannan who spent some time in Los Angeles and died about a year ago in San Jose, Cal. he says: "I never saw Professor Jos. R. Buchannan wear gloves on the coldest day we had in New York City. He always tucked his hands into his coat sleeves."

Dr. W. H. Newman, a resident of Belmont Heights, a suburb recently annexed to Long Beach, has been chosen by the Long Beach City Board of Health as health officer of the "Queen of Beaches" to succeed Dr. W. Harriman Jones, who has held the position for the last five years. Dr. Newman is professor of Osteology in the California Eclectic Medical College.

BOOK REVIEWS.

A TEXTBOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, A.B., M.D., of Columbus Hospital, New York; with the collaboration of George W. Jarman, M.D., of the General Memorial Hospital, and Simon Marx, of the New York Postgraduate Medical School. Fourth edition, revised and enlarged. Illustrated with 47 full-page photographic plates and 116 illustrations in the text. Philadelphia: F. A. Davis Company. 1909. Price $4.50.

True to its title this book is thoroughly practical, only a very few pages being devoted to those subjects which are preparatory to the study of obstetrics.

Today the major part of obstetric practice is founded on fact, but where divergent views obtain the consensus of the majority of the profession is readily found. For the student lacking experience sufficient to judge for himself, it is safe to follow the teaching which commends itself to the majority of teachers, even though in a very short time further experience may cause a modification in the teaching. The busy general practitioner when in search of information wishes to secure it without the loss of time entailed in searching through a mass of theory and statistics.

This work is not theoretical, but practical, being essentially clinical in its teaching and therefore a guide to practice. It is direct in its statement wherever facts warrant such directness, whenever there appears to be a difference of opinions as to facts that which preponderates is given. The illustrations, many prepared from original photographic plates, really illustrate. The wood cuts, which have appeared in works on this subject from time immemorial have been omit-

ted. The text is concise and yet fully elucidates. For a practical up-to-date work on obstetrics we recommend this work by Drs. Grandin, Jarman, and Marx, to the profession, especially to the beginner and the busy general practitioner.

READING NOTICES.

THE EARLIEST SYMPTOM OF ENLARGED PROSTATE.

Increased urinary frequency, chiefly nocturnal in character, is the earliest and most frequently encountered symptom of enlarged prostate. Many cases of hypertrophied prostate might never develop beyond this point if sanmetto was administered as a prophylactic, and the discomfort of rising two or three times at night to urinate, to say nothing of entering upon a catheter life, might be avoided.

It is especially in the chronic prostatic hyperplasia in old men, always associated with chronic vesical catarrh, that sanmetto gives the most brilliant results. Numbers of cases can be recited in which the use of sanmetto alone has not only relieved the vesical irritability, but has seemingly reduced the hypertrophy of the prostate and enabled the patient to dispense with catheterization and micturate unassisted for the first time in years.

There is a large class of post-nasal, pharyngeal, and throat affections due just now, and we do not know of any appliance quite so well adapted for treating cases of this description as the Nebulizers and compressed air apparatus put out by the Globe Manufacturing Co., of the famed "health town" of Battle Creek, Mich. Medicated vapor applied "on the spot" is the keynote of the Globe treatments,—even to applying the vapor to the middle ear when necessary,—under proper pressure, and with vibratory impulses designed to manipulate the mucous membrane of the remotest parts of the air tract. With convenient air supply—apparatus for which this company also supplies—this method is held by a large and growing number of physicians to be very satisfactory,—in fact, unapproached by any other non-surgical method. Their catalogs and formularies supplied on request.

BROMALBIN IN EPILEPSY.

The defects of the inorganic bromides in the treatment of epilepsy and other convulsive disorders have long been recognized by medical practitioners. While the bromides have been extensively prescribed—because nothing better had been devised to take their place—their proneness to derange the stom-

ach and to produce systemic disturbances has militated against their usefulness.

The "something better" appears now to be at hand. Reference is made to Bromalbin, an organic compound in which bromine is chemically combined with albumen. Bromalbin contains approximately 15 per cent. of bromine. It is in the form of a light-yellow powder and is odorless and practically tasteless. It is insoluble in water, alcohol, acids and the ordinary solvents, but is slowly soluble in alkaline solutions.

Bromalbin was evolved in the chemical laboratories of Parke, Davis & Co. Before being offered to the medical profession at large it was subjected to thorough clinical test by leading practitioners throughout the country in a large number of cases in which bromine medication was indicated. Reports of its use in the treatment of epilepsy were highly encouraging, and the belief is expressed that it will prove equally efficacious in hysteria, neurasthenia, reflex headache, insomnia, migraine, and other nervous affections.

The chief advantage of Bromalbin over the inorganic bromides appears to be in its adaptation to long-continued treatment. It passes through the stomach practically unchanged, consequently does not produce the gastric irritation common to the alkaline bromides. Slowly dissolving in the intestinal secretions, it is then absorbed, producing a gentle, prolonged systemic effect. Other advantages are: its more complete absorption, its comparative tastelessness, and the small likelihood that it will produce acne, dizziness, or other symptoms of bromism. It is marketed in powder form (ounce vials) and may be given in water, coffee, chocolate, syrups, wines or any beverage not alkaline in character. It is also supplied in 5-grain capsules (bottles of 100), in which form, perhaps, it is likely to be most commonly used. There is wide need of a sedative such as Bromalbin promises to be, and fuller reports on the new agent will be awaited with interest by the profession.

Eclectic Medical Books.

All of the Books below are listed at strictly net prices.

Cooper, Wm. Colby.	Tethered Truants, 12mo, 199 pp., cloth	$1 00
do do	Immortality, 12mo, 173 pp., cloth	1 00
do do	Preventive Medicine, 147 pp., cloth	1 00
Dodge.	Social Purity, 16 mo, cloth	50
Ellingwood.	Materia Medica and Therap., 8vo, 811 pp., cloth, $5 00; sheep	6 00
do	Treatment of Disease, 2 vols., 8vo, 1100 pp., cloth	6 00
Farnum.	Orthopedic Surgery, 8vo, 554 pp., illustrated, cloth	5 00
Felter-Lloyd.	American Dispensatory, 2 vols., each 950 pp., cl. $9 00; sh.	10 00
Foltz.	Diseases of the Eye, 12mo, 566 pp., cloth	2 50
do	Nose, Throat and Ear, illustrated, 12mo, 650 pp., cloth	3 50
Fyfe.	Materia Medica and Therapeutics, 12mo, 344 pp., cloth	2 00
Howe.	Operative Gynecology, 8vo, 360 pp., sheep	4 00
Juettner, Otto.	Modern Physio-Therapy, third edition, 564 pp., cloth	5 00
King.	Family Physician, 8vo, 1042 pp., morocco	6 50
do	Chronic Diseases, 8vo, 1700 pp., sheep	8 50
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do	Diseases of Women, 8vo, 366 pp., cloth, $1 50; sheep	2 00
Lloyd.	Etidorhpa, 8vo, illustrated, 362 pp., cloth	1 50
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Munk.	Arizona Sketches, 8vo, 230 pp., cloth	2 00
Niederkorn.	A Handy Reference Book to Specific Medication, 151 pp., leather.	1 25
Palmer.	Digestive Organs, 8vo, 524 pp., cloth	3 00
Petersen.	Materia Medica and Therapeutics, 12mo, 400 pp., cloth	3 00
Pitzer, Geo. C.	Suggestion in Cure of Disease, 16mo, 254 pp., cloth	1 00
Scudder, J. M.	Diseases of Women, 8vo, 534 pp., cloth, $2 75; sheep	3 50
do	Specific Medication, 12mo, 435 pp., cloth	2 00
do	Specific Diagnosis, 12mo, 388 pp., cloth	1 50
do	Medication and Diagnosis, 1 vol. cloth	3 00
do	Materia Medica and Therap., 8vo, 748 pp., cloth, $4 00; sh.	4 50
do	Eclectic Family Physician, 8vo, 900 pp., cl.$3; sh. $4; hf. mor.	5 00
Thomas.	Eclectic Practice of Medicine, illus., 8vo, 1033 pp., cloth, $6 00; sh.	7 00
Stephens.	Medical Gynecology, 12mo, 428 pp., illustrated, cloth	3 00
Watkins.	Compendium of the Practice of Medicine, 12mo, 460 pp., cloth	2 50
Webster.	Eclectic Medical Practice, 2 vols. in one, 8vo, 1233 pp., cl. $6 50; sh.	7 50
Wintermute.	King's Eclectic Obstetrics, 8vo, 757 pp., sheep	5 50
Wilder.	History of Medicine, 12mo, 946 pp., cloth	2 75
Woodward.	Intrauterine Medication, 12mo, 208 pp,, cloth	2 50

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BACCHARIS GLUTINOSA

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Original Contributions

BACCHARIS GLUTINOSA, PERS.

R. E. Kunze, M. D., Phoenix, Arizona.

Baccharis Glutinosa is known as the Groundsel-tree, Groundsel-shrub and Water Mody. The genus, of which some two hundred species are known and found largely in South America, was established by Linnaeus and dedicated to Bacchus because he loves to drink—water. It belongs to the order of Compositae.

Description: A shrub from two to three feet high, herbaceous stems above but woody and pithy towards the base. Leaves from three to four inches long and from three-fourths to one inch in width, elongate-lanceolate serrate with scattered teeth on each side and glossy because covered with a resinous substance. The flower heads mostly one-fourth inch long corymbosely cymose and borne on small simple stems. The color of the flower is white or greenish white, having a peculiar odor not exactly fragrant to our olfactories, yet attracting many insects such as butterflies and many large wasps. The male and female flowers are found on different bushes. It affects the banks of irrigating ditches, canals and the bottoms of rivers of the southwestern states of the United States and frequently grows to a height of from ten to twelve feet in the sloughs of large streams. At the junction of the Salt and Gila rivers southwest of Phoenix Arizona, I have observed acres of Water Mody growing so dense that were it not for the cow paths made by the stock going to and from water, it resembled an impenetrable jungle more than anything else.

The first knowledge had of the medicinal properties of this shrub was while collecting specimens of natural history in the bottomlands of the Santa Cruz river near Tucson, Arizona, in April, 1896. I noticed a white inhabitant carrying an armful of the young branches of Water Mody which he had collected near by and, on questioning him, was informed that he intended to use it in the form of a poultice for the swollen leg of his horse. The bruised stem and leaves were macerated in the hot water and then applied as a cataplasm on account of its discutient properties.

An old Mexican neighbor of mine freighting in this city informed me that Mexicans used the leaves much as a poultice for swelling of horses' legs. The leaves are first rolled into a mass, then roasted over hot ashes and applied to the affected parts as often as required for a cure. The Mexican wife of a white Union army veteran, living on my avenue, told me that the leaves roasted in hot ashes were used with success for inflammation of the left hypochondriac region, but never if the trouble was located on the right side. It occurred to me that probably it was used especially for splenitis or ague cake. Another old resident of Phoenix, who had served as a scout in the regular army during many an Indian war, told me that the leaves of Water Mody were successfully used by old settlers of Arizona as a poultice for a swollen jaw. It seems that we are indebted to our Mexican population for a knowledge of the use of this medicinal plant which should be more investigated.

The above information is from excerpts of a Mss. entitled "Materia Medica, Past, Present and Future," copyrighted. Quite recently I learned that some of our Mexican citizens make use of this remedy for bronchitis associated with severe cough of horses. The root is the part to be used, which is first cut into small pieces and then boiled for several hours in water, strained and given cold as a drench. On the following day a pint of olive oil is given to the animal.

Horses are known to feed on the young tops of this shrub with avidity and it is thought that the plant may be curative of some constitutional internal disorders. Whenever I happen to camp in or near the bottom of our river, and take my mare to the stream for watering, she never passes a bunch of B. Glutinosa without taking as many nips as time will permit. We learn much from the habits of animals, birds and even reptiles.

In South America, where many species of Baccharis grow on the plateaus of Peru, Bolivia, Chile and New Granada, much more is known of the medicinal properties of several species of the Groundsel-shrub. In the Andes these shrubs cover large tracts of such plateaus, also on the Cordilleras and some reach an altitude of thirteen thousand feet above the sea level. On account of the resinous substance they are much used for fire wood in ovens.

Baccharis Articulata or "Bacchanta" of Brazil, is a bitter resinous aromatic herb. It is employed in indigestion, intestinal debility and anemia arising from the loss of blood. It is there administered in pill form made from the extract. Baccharis Trimera of Brazil is used as a sudorific and tonic. Another

species, which has winged stems in place of leaves, is Baccharis Microcephala, which in Parana is put into warm baths for curing rheumatism. Baccharis Genistilloides, of Brazil, which possesses a bitter extractive, when used with an aromatic, is employed in cases of intermittent fever.

SOME REMARKS ON THE TREATMENT OF SOME EVERY-DAY DISEASES.

B. R. Hubbard, M. D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Concealed Hemorrhage During Labor.

Don't try to medicate a case of intrauterine hemorrhage during a case of protracted labor. Medicinal agents have no place here, except such as will stimulate and support the patient's strength while the cervix is being dilated and the child delivered by grasping the feet and turning. Nitrate of strychnia, solution of adrenalin, chloride and digitalis in appropriate doses are the potent agents to be thought of in this connection.

Inertia of the uterus resulting from hemorrhage at this time will not be relieved, or uterine contraction brought on by even heroic doses of ergot sufficiently strong to terminate labor under ordinary circumstances. Hemorrhage seldom takes place until after rupture of the membranes and the escape of the amniotic fluid, and the first symptomatic indications of the impending crisis are a rapid, weak pulse, shortness of breath, faintness and a sense of depression with or without much of a hemorrhagic show. Often the first show of hemorrhage of consequence is the passage of one or more large clots while evacuating the bowels or voiding urine, especially if the vaginal canal is the formation place of the coagulation of blood. Stimulating contractions by external compression of the uterine globe, however feeble, will generally expel the clot when it has formed within its cavity. Not infrequently the uterine cervix will be found resting far backward in the hollow of the sacrum, thus counteracting the expulsive effect of the labor throes. When this is the case it will be well to introduce the forefinger into the patulous os and pull the cervix forward on a line with the inferior strait, where the position should be maintained, if possible, while the head engages in the inferior strait, or while rapid dilatation is produced and version accomplished.

If the hemorrhagic flow continues after the delivery of the child and placenta through inertia of the uterine walls, the uterus should be tamponed with sterile gauze. To accomplish this operative procedure the physician should have at hand a

duck-bill or Sim's specula, uterine dressing forceps, vulsellum forceps and a jar of sterile or antiseptic gauze. The patient should be placed across the bed in a good light, with the legs flexed upon the thighs and the thighs on the abdomen. The cervix is brought into view by the aid of the speculum, when it is seized with the vulsellum forceps and pulled well down into view, where it is held while wide strips of the gauze material are carefully introduced within its cavity with the dressing forceps. After the packing is finished a perineal pad should be adjusted over the external parts and a binder applied. Unless contraindicated the packing can be removed in twenty-four to forty-eight hours, and warm vaginal douches of salicylic acid and borax given once or twice a day for two weeks or more. During the most of this time the patient should be kept at rest in bed, on a mild but nourishing diet.

EXTERNAL INFLAMMATION; CAUSES AND TREATMENT.

Inflammation of the skin surface is due to various causes and is met with in different degrees of severity. The common causes of the morbid action are the extremes of heat and cold; systemic diseases as eczema, erysipelas, syphilis, and tuberculous affections; the action of irritant and caustic applications such as mustard paste, nitric acid, turpentine, caustic potash, carbolic acid, and chloride of zinc; the irritant effect of poisonous vegetable agents, as urtica dioica or common nettle, rhus toxicodendron or poison ivy, poison oak and dogwood; and traumatism, which embraces such morbid affections as cuts and bruises, bites and stings of venomous reptiles, excoriations produced by friction and scratching itching parts with the nails.

The symptoms in common with inflammatory conditions are heat, pain, redness and swelling, accompanied with more or less stiffness of the part. The grade of inflammation will vary according to the nature of the exciting cause producing it. In some cases it may not amount to more than a slight redness of the surface without other characteristic symptoms being present, while in others the inflammatory action runs so high that the surface becomes studded with vesicles or blebs that may, at a later period, be converted into pustules or small ulcers, and even causing death to the part.

In eczematous states there is generally an exudation of a gummy serum into the inflamed tissues, which finds its way to the surface in moist patches whenever the affected area is irritated by scratching or rubbing. This exudate commonly dries up, forming scales upon the partially denuded corium. This

albuminous exudation upon the inflamed surface is the chief characteristic feature of eczematous disease.

Inflammation of the skin resulting from extreme heat will be considered only in the first and second degree. The first degree produces mere redness of the skin with some soreness on pressure, while in the second degree there appears upon the inflamed surface vesicles or blebs of various sizes, and in connection there will be hyperemia and marked tenderness of the affected part, upon pressure.

The inflammatory state of the skin due to erysipelas is often serious in its evolutions. The morbid action is due to a specific germ, streptococcus pyogenes erysipelatis. The contagious disease is not confined alone to the skin, the subcutaneous tissue generally suffers severely from the febrile affection. The onset of the acute disease is often sudden and characterized by a chill followed by high fever, headache, thirst, nausea, and sometimes vomiting. The pulse is generally full and rapid, the tongue coated with an ashen fur, the urine high colored and scanty, and the bowels constipated. Not infrequently the active symptoms are preceded by a period of malaise and systemic disturbance lasting for three or four days.

The part affected (commonly the face except in wound erysipelas) usually presents a dusky red glistening appearance and puffy at first, and if infiltration of the tissues takes place the adjacent parts soon become edematous. Under proper treatment the contagious inflammatory disease unusually subsides within a week or ten days, with a desquamation of the skin surface. Its disappearance may be for a short period of time only, as it may reappear at some other point with equal virulence, as the tendency of the disease is to relapse under disturbed circulatory conditions.

In traumatic erysipelas the infection gains entrance into the system through a wound in the skin, whether this is an incised wound or an abrasion of the skin surface. This form of the disease is rapidly developed and not infrequently results in suppuration.

Syphilitic invasion of the system often becomes manifest by an erythema of the skin which generally appears during the secondary stage and precedes the eruption that often accompanies this stage of the disease. The inflammatory symptoms are not a serious phase of the disease.

The inflammatory lesion of the skin in tubercular disease is generally not of a severe type; and a deposit of tubercle at some point in the inflamed area following the active phases of the disease is not uncommon. Unless the tuberculous mat-

ter beeomes seeondarily infected with some one of the pathogenic micro-organisms, suppuration at the site of the tubercular deposit seldom oeeurs, although the tubercle baeillus is capable, under favorable conditions, of produeing pus.

The severity of the inflammatory lesions of the skin resulting from the local applieation of irritant and eaustic applieations will depend entirely upon the eharacter of the agent and the length of time it remains in eontaet with the external surfaee. Mustard, turpentine and eantharides will aetively redden the skin when applied for a short time, while earbolie aeid, ehloride of zine and eaustie potash will, besides eausing aetive inflammatory lesions, result in the destruetion of tissue. The symptoms following the use of these agents are sueh as are noted in eommon in other active inflammatory states, heat, pain, redness and swelling, with tenderness on pressure, with sometimes derangement of funetion of the kidneys.

Poison oak and ivy sets up an active dermatitis a few hours after eoming in eontaet with these poisonous agents. Usually the onset of the inflammatory aetion is ushered in with a tingling or smarting sensation, which soon gives way to an intolerable pruritis. To relieve this condition the patient will resort to rubbing and seratching the affected area, whieh soon provokes an aetive hyperemia of the part. Vesieles soon appear upon the inflamed surfaee, singly and in elusters, whieh are opened by seratehing, the eontents eoaleseing, forming seales over the denuded surfaee. The usual symptoms aecompanying inflammation are present, heat, pain, redness and swelling, and in eonneetion more or less fever will be noted during the period of greatest aetivity. Many eases of rhus poisoning run a eourse similar to that observed in aeute eezema; the sudden onset of the morbid aetion and the eharacter of the vesieles being the distinguishing features between the two diseases.

The susceptibility of some persons to the poisonous aetion of these agents while others are entirely immune from sueh aetion, ean hardly be aeeounted for. There are persons who can pluek the ivy from the ground or fenee and twist it about the hands without being in the least impressed by its irritant aetion. Others will be seriously affected by the poisonous emanations of the plant that pervade the air for some distanee around about it.

Inflammation following the bites and stings of reptiles and inseets, are almost, without exeeption, extremely aetive and, not infrequently, devitalizing. There is heat, pain, redness and swelling in the part, the latter being eaused by effu-

sion of serum into the skin and subcutaneous tissues. If the blood in and about the wound becomes disorganized the affected area assumes a dark purplish appearance, and in extreme cases the skin and underlying tissues become necrotic and slough.

The local inflammatory action caused by excoriation or denuding the skin by scratching with the finger nails is devoid of serious symptoms, except in such cases where infection is introduced into the circulation through the abrasions in the integument. In this manner septicemic, pyemic and erysipelatous complications are set up that may sorely impress the entire organism. In the latter condition the acute inflammation runs a rapid course and is attended usually with rigors, followed by fever, headache, thirst, rapid pulse, a furred tongue, and digestive disturbances.

The treatment of external inflammation should embrace both local and internal measures; first to remove the cause, if this still exists, and secondly to control the local disturbance and restore the diseased parts to a normal condition.

Medicinal solutions having a cooling and soothing effect used topically upon the inflamed area will fulfill all requirements except in such cases as are produced by infection from external causes or where the local inflammatory action is the result of systemic disease. The object sought is to relieve the local congestion which will favor resolution, and this will prevent suppuration and sloughing. A mixture composed of the following ingredients constitutes an evaporating lotion of great value in local inflammatory conditions:

℞ Menthol solution (℥ij to alcohol ℥vj) ℥vj.
Tr. Arnica ℥ij.
Aqua Dest q. s. fl. Qt. ij.

M. Sig. Apply to the inflamed area with an atomizer every half hour or hour, or paint over the skin surface with a cotton swab as often, or use the following:

℞ Spe. Tr. Aconite ℥j.
Spe. Tr. Arnica ℥j.
Spe. Tr. Hamamelis ℥ij.
Aqua q. s. fl. Qt. j.

M. Sig. Paint over the inflamed surface or apply cloths wet in the solution every two or three hours. If used about the face, care should be taken to not get the lotion in the eyes. Equal parts of the tincture of veratrum and belladonna can be painted over the affected area every three hours with much benefit to the patient. This solution should not be used on abraded surfaces.

If the morbid state be due to infection received through cuts or abrasions of the skin, the alkaline antiseptic mixture should be liberally applied. The solution is made as follows:

℞ Biborate of Soda ʒiij.
Salicylic Acid ʒij.
Glycerine ʒij.
Boiling water q. s. fl. Qt. ij.

M. Sig. Use as a wash to affected parts.

The menthol and alkaline solutions are potent agents in the treatment of burns and scalds of the first and second degree, as is the application or submersion of the parts in very cold water.. The following mixture will also prove of benefit:

℞ Cider Vinegar.
Glycerine aa. ʒij.
Bismuth subnitrate Q. S. to form a thin paste.

Sig. Paint over the inflamed surfaces every two or three hours.

A mixture that has given prompt relief in inflammatory conditions of the skin, attended with itching and soreness of the parts such as is experienced in acute eczematous states is composed of the following agents:

℞ Oxide Zinc ʒij.
Carbolic Acid gtt. xx.
Witch Hazel ʒiij.
Aqua q. s. fl. O. j.

M. Sig. Use as a wash to the affected parts. The application of cooling lotions to inflamed surfaces with the atomizer is both soothing and comforting, where the arterial tension is great and burning pain is a feature. Fanning the part after wetting it with the cooling lotion will act in like manner.

A serviceable application to inflamed parts resulting from prolonged pressure that is likely to suppurate or slough is composed of the following ingredients:

℞ Alum ʒij.
Alcohol.
Water aa. fl. ʒviij.

M. Sig. Bathe the inflamed parts every two or three hours.

The alkaline solution as a local application is most serviceable in all inflammations resulting from bites and stings, especially such as are produced by poisonous snakes and rabid animals. In such cases the above topical application should be supported by immediately administering in and beneath the wound a half drachm or more of a two per cent. solution of permanganate of potash, hypodermically. After the lapse

of an hour or more after the reception of the wound, nitrate of strychnia, adrenalin chloride, or brandy should be substituted for the potash solution, as the poison has by this time been absorbed and its lethal effect upon the system must be overcome by stimulation.

The local inflammatory effect of the poison ivy and oak is best subdued with the menthol solution sprayed upon the irritated area with an atomizer, also, to relieve the itching that is a characteristic feature of the attack. A teaspoonful of concentrated lye dissolved in a pint of water and used as a wash to the inflamed area at the first appearance of the vesicles will be found most efficient to control both the itching and the hyperemic condition of the skin. Phenic acid quickly brushed over the vesicated area, followed by bathing the part with alcohol will prove most gratifying in these cases. The procedure may have to be repeated two or three times in the worst phases of the attack, with intervals of a day or two.

This same local application will be found most efficient in the early stages of erysipelas, as will painting the inflamed area with full strength veratrum every three or four hours. In cases where this agent seems to be too stimulating a twenty per cent solution of witch hazel in water should be substituted for two or three days with a few drops of phenic acid added. Antiphlogistine is highly praised by some medical practitioners in the treatment of erysipelatous, as well as other forms of inflammation, but it, with other pasty mixtures, confines the heat to the already super-heated area, thus having a tendency to intensify the disease rather than to relieve it.

Inflamed surfaces resulting from excoriation or scratching with the finger nails should be washed occasionally with a two per cent borax solution (ten grains to the ounce of water) dried with a soft cloth and dusted with finely powdered white lead; if this is properly done no other treatment will be required.

Local inflammatory conditions caused by caustic potash, ammonia, and other akaline irritants, should be bathed with weak acidulated water, or dressed with the vinegar and bismuth mixture as often as the nature of the case demands, while the same morbid state, when produced by strong acids, should be bathed in borax water and dressed with akaline mixture, the latter agent made somewhat stronger by the addition of a little more salicylic acid constitutes a most potent mixture in the treatment of such inflammatory states of the skin as are threatened with suppuration and gangrene.

Tubercular and syphilitic inflammations of the skin demand the most persistent antiseptic treatment to subdue the

activities of the morbid action. The alkaline solution will be especially efficient in cases due to syphilitic invasion, but may have to be increased in strength to meet the worst phases of the disease. If the surface of the skin is abraded and shows a tendency to ulceration, cleanse the part with antiseptics and follow with a dusting of biborate of soda twice a day.

Tubercular disease of the skin is not common, and when met with is usually found to be associated with lesions of the same nature located in other parts of the body, hence to successfully treat the external phases of the disease much reliance must of necessity be placed upon indicated remedies taken internally. A most potent application for relief of the external inflammatory lesion is composed of salicylic acid grains thirty, glycerine one ounce, dissolved by heat and applied to the affected area three or four times a day. Not infrequently the tubercular masses, however small they may be, must be removed with the sharp curette before the local disturbance can be subdued.

Salves and other greasy mixtures seldom find a place in the successful treatment of any form of acute inflammatory diseases of the skin. They are smeary in their nature and occlude the pores in the integument, thereby favoring the retention of heat rather than reducing it.

Little can be said in favor of fomentations and poultices as a local dressing in the treatment of superficial inflammation, except in such cases when suppuration is imminent and it is desired to hurry the abscess formation to a head. Here a fomentation made from equal parts of hops and stramonium leaves, moistened with hot water, serves a good purpose. Poultices made from flaxseed or powdered slippery elm bark are both comforting and curative and can be applied with every assurance of relief from the burning pain experienced in the worst phases of the morbid state.

There are a number of medicinal agents that when taken internally, in accordance with specific indications, favorably influence the skin, when any considerable part of its surface suffers inflammatory changes.

At the outset the treatment of acute inflammatory diseases should be commenced by opening the bowels with some one of the saline purgatives, and the function of the kidneys should be stimulated with acetate or citrate of potash in small but frequent doses.

Of the sedative agents in repute in this form of disease, aconite, veratrum and gelsemium can be most favorably mentioned. To obtain the best results from their administration,

each must be given in accordance with the specific indications for the drug.

Aconite should be given in those acute cases showing a bright red surface, high fever, quick colored pulse and capillary stasis.

Veratrum is the sedative agent in asthenic conditions indicated by a full bounding pulse, the surface flushed a deep red and the tissues showing a marked fullness. It is especially to be thought of in erysipelatous inflammations.

Gelsemium is the remedy to control nervous irritation, nervousness, fever high, flushed face, contracted pupils, with marked local congestion of the inflamed part. This remedy is usually associated with aconite in acute cases with excellent results, with the above indications present.

Echinacea shoud be the first remedy thought of in cases of inflammation aggravated by local infection. It can be associated with either aconite or veratrum. Baptisia is also a potent remedy that should be thought of in connection with such cases, as well as sulphurous or hydrochloric acid diluted in water, where the tongue is red, breath offensive, with marked digestive derangements.

Rhus tox has a place in the treatment of inflammatory skin disease, especially in children and delicate females with thin skin, light hair and blue eyes. The indications for its use is a marked burning pain in the part affected, with a tendency to vesicate; prominent papille showing on a rather pointed tongue usually free from coating. With the above conditions the pulse is quick and sharp, accompanied with frontal headache.

Guaiacol Carbonate when painted over inflamed surfaces, especially when accompanied with excessive heat, as is often observed in erysipelatous conditions, rapidly subdues the hyperpyrexia and lessens the local congestion. This potent agent is of great value in the treatment of tubercular diseases of the skin, especially in the early stages. At the same time the drug can be given internally in increasing doses one hour after meals, commencing with three drops, adding one drop to each succeeding daily dose until fifteen or twenty drops are taken during the day. It should be taken in capsules with water, or in wine or brandy.

Salo Sedatus, one of the coal tar mixtures, is one of the most reliable remedies at our command to reduce high temperatures, hence it should find a place in the treatment of erysipelatous inflammations as an internal medicament. Given in from five to ten grain doses with water every three or four

hours, the temperature will come down, the burning pain will be relieved, and rest and sleep will be secured. The drug should not be given with a temperature below a hundred.

The local treatment or lesions of the skin, when produced by syphilitic invasion of the general system, will be greatly aided by the internal administration of phytolacca, trifolium and corydalis taken in liberal doses in the early stages of the skin lesion, but when the disease is well advanced more reliance can be placed in Fowler's and Donovan's solution of arsenic, iodide potassium and some of the compound mixtures of these medicinal agents. One of the most reliable compounds to administer for the skin lesion is the following:

℞ Specific Tr. Phytolacca 3ij.
Iodide Potassium 3ij.
Syrup trifolium compound q. s. fl. ℥ vj.

M. Sig.: A teaspoonful every three hours during the day.

Where the general system is poorly nourished, appetite variable, and where anemic condition exists, such tonic and stimulatinfi remedies as acid solution of iron, strychnia, the lime salts, arsenic and the specific tr. phosphorus should be administered in alternation and in such doses as the individual case requires.

The diet of a patient suffering from external inflammation should be carefully regulated. Usually milk, gruel, rich soups, custards and jellies are taken with a relish. In feverish states ice cream, lemon and pineapple ice are craved and are admissible if taken with graham crackers, or very plain sponge cake. Buttermilk and koumiss are nourishing and so are the juices of fruit. Eggs can be eaten with moderation and well cooked fowl and tender meats can be partaken of, if not contra-indicated by digestive disturbances.

PTOMAIN POISONING.

Orin Davis, M.D., Sawtelle, Calif.

Read before the Los Angeles County Eclectic Medical Society.

In compliance with your request to furnish a statement respecting the thirteen cases of ptomain poisoning, (twelve of which proved fatal,) that occurred in the city of Sawtelle, Cal., submit the following necessarily fragmentary report. It is expected that a critical account,—an exhaustive report—if not already made, will soon be published from the notes of the family physician, G. W. Peck, M.D., embracing symptoms and all features of interest to the medical profession. It is hoped that it may include also pathological results of

examination as well as the distinctive chemical character of the poison.

Briefly stated, on Sabbath afternoon, January 2nd of the present year, thirteen relatives and friends of the family sat at the table enjoying a simple social repast. The gathering was strictly an informal one, and all present partook freely of pears, prepared and canned the previous fall by a woman of experience in her usual painstaking manner, Mrs. G. D. Valdez.

The pears were put in two cans. One was a two-quart Mason glass jar, having a porcelain top; the other a pint can. It is stated that the fruit used was not perfect, and therefore such parts as were bruised or worm-eaten, were carefully cut out and removed before it was cooked and canned. From this time until the two-quart can was opened, it had remained upon the pantry shelf undisturbed; and when Mrs. Preciado undertook to remove the porcelain cap, she found that it was screwed on so tightly that she could not accomplish it with her hands, and had to use a knife. She then discovered that two rubber bands had been used in sealing the can.

The perfectly clean appearance of the contents of this jar was in every respect reassuring to Mrs. Preciado and her mother, Mrs. G. D. Valdez, who put it up. The syrup was sweet, and as there was nothing in its appearance to indicate decomposition, in this apparently wholesome condition, the fruit was served at the table. In partaking of the pears, it was noticed that their substance was rather soft and little air bubbles were discerned, imparting a mingled tartness with sweetness causing a prickly sensation to the tongue, not at all disagreeable,—simply suggestive that a fermenting change might have just begun. No bitter, nor any other peculiar taste was detected. In response to my inquiry if the contents of the two-quart jar were heated before being served, Mrs. Preciado replied that they were not. She said, that after this afternoon meal to what still remained of the contents of the two-quart jar, she added sugar and then heated the same, and it turned brown or dark.

I then inquired if this jar had ever been used for cutting dough or cakes or for any such culinary purposes, and she promptly replied, that it never had been. She further said that she took only one teaspoonful of the juice of the fruit, and knows that it was sweet. She ate and swallowed two pieces of the pears and noticed the prickly sensation which they caused.

The peculiar symptoms and particular features presented by these several instances of poisoning, occurring almost simul-

taneously, were gathered only in excedingly meager and detached instalments. Concerning Mr. Reyes, Mrs. Valdez and and her daughter, Mrs. Garcia and her three children at Santa Monica, we offer no report. The trifle that we have gleaned concerning the other victims clearly indicates the remarkably intense toxicity of the infectious substance offering a distinctive departure at variance from those already known and well defined, and on this account may prove instructive as well as memorable in the annals of toxicology. It may awaken new incentive for more thorough research for a true defensive proteid, or an antidotary energy for holding in check the multiplying force of the toxin, or, bring to light some new potency to render its virulency inoperative.

Mrs. Gaudaloupe Fernandez and her child, Isabel, were first to succumb to the effects of the poison, and the latter the first to pass away. Both mother and child were taken ill Monday forenoon and both died Monday evening, one at 7:30, the other 10:30. Mrs. Fernandez said that her tongue felt like a board, and soon thereafter lost the use of it.

About 10:30 Monday evening, Mrs. Preciado's little daughter Maria Antonia was taken with nausea but did not vomit, continued to grow worse until 4 o'clock p. m. Tuesday, when she passed away. Ramona Garcia, 13 years of age, niece of Mrs. Preciado, was taken ill about the same time that her cousin Maria was ill, and passed away at 7 o'clock, Tuesday evening. While there was similarity of symptoms in each instance, yet with this case the virus (or treatment?) produced an abundant glairy mucous fluid which accumulated rapidly in the mouth and fauces, which she often and vainly tried to remove with her fingers, frequently stuffing her handkerchief in her mouth and rolling it about to dislodge and bring it away. I did not ascertain that there was any other instance of ptyalism.

As near as recollected, Mrs. Juano Preciado was taken to her bed at one o'clock Tuesday, just an hour before her husband reluctantly followed her example. After days of illness and tedious convalescence, finally, Mrs. Preciado regained health.

Virginia Preciado and her father were taken ill about two o'clock in the afternoon of Tuesday; the daughter died at five o'clock; the father at seven o'clock Wednesday morning.

Possibly a better idea may be obtained by a glimpse of current incidents, one of which I will focus. When Mrs. Fernandez was taken ill, Mrs. Preciado suggested to her husband to get some one to assist her in caring for Mrs. Fernandez and

child. It appeared that Mrs. Valdez had gone with her daughter, Mrs. Garcia, who lives in Santa Monica. When he arrived there he found Mrs. Valdez and three of the Garcia family under the care of a physician who had diagnosed the cases to be ptomain poison from eating canned pears. On his return home he communicated these facts to his family and to his brother-in-law, who promptly gave him this advice: "You know that you have partaken of these pears, and, right away, it is up to yourself to clear your system from their poisonous effects." Accordingly Mr. Preciado first took two tablespoonfuls of castor oil; soon afterward a full dose of Epsom salts; and, lest these means might not prove effective, he followed this treatment by taking a full drink of whiskey, which would have been repeated, only it was all he had in the house. Mr. Guzman then went to Santa Monica to obtain more whiskey, but his application for it, to be used in urgent sickness, was flatly denied. In this curt way he was deprived of the possible benefit which might be derived from charging his blood sufficiently to counteract and stay the effects of poison.

The symptoms in each of the foregoing instances of ptomain poisoning are nearly identical as well as characteristic and bear a remarkable correlative similarity to those induced by the concentrated alkaloids of Veratin and Gelsemin.

The active principle Veratin is obtained from the dried root of the American White Hellebore. The tincture of the green root is largely devoid of the acridity of the root when dried, consequently its remedial action is so varied and modified that it meets the diversified requirements of inflammatory diseases. The tincture of the dried root causes extreme nausea, attended by general muscular prostration, a reduction of the frequency and volume of the pulse, slowing of respiration, pallor overspreading the cutaneous surface which becomes moist. Occasionally vomiting occurs, followed by temporary relief of symptoms, pupil of the eye dilates, followed by drowsiness and mental indifference, and in fatal instances death supervenes from asphyxia.

Since penning the above symptoms induced by veratrin, I quote from a report made by M. B. MacDermott, M. D., at the 1909 meeting of the Eclectic Medical Society, State of New York, who states as follows the physiological action of Gelsemium Sempervirons.

"Gelsemium produces in the healthy adult agreeable sensations of languor and muscular relaxation, so that the subject finds some difficulty in moving the eyelids and keeping the jaws closed. When taken in large doses it produces dimness of vision, dizziness, dilated pupils, general debility and

museular relaxation of the whole body, redueing the frequeney and force of the pulse and frequently of respiration, produeing insensibility to pain but without stupor or delirium. After a short time these symptoms pass away leaving no unpleasant effects.

"In toxic doses it produces vertigo, double vision, ptosis, paralysis of the third cranial nerve, eonvergent strabismus, labored respiration, slow and feeble heart, sub-normal temperature, staggering, uneven gait, extreme muscular weakness and almost complete anesthesia, profuse diaphoresis, loss of artieulation and death by asphyxia from paralysis of the respiratory centers. It has little or no effect upon the spinal nerves, but the motor-eranial nerves are paralyzed by large doses."

Doctor MeDermott deseribes aecurately the symptoms present in the instanees of ptomain poisoning that occurred in the eity of Sawtelle, in reporting those of gelsemin and gelseminine.

Gelsemin, an alkaloid obtained from the yellow Jasmine, proves to be an asphystic poison that produces respiratory paralysis. It causes the eyelids to droop, the pupils of the eye to dilate, lowers body temperature, slows respiration, retards force and frequeney of pulse, induees excessive nausea followed by general museular prostration, also drowsiness, and while the mind remains clear there is mental indifference until death releases the asphyxiated victim. This latter poison produces symptoms that bear a striking analogy to those developed by ptomain poisoning in the instanees under eonsideration.

ARE ALL ANTI-TOXINS BANEFUL?

The tolerance of the human system to mineral, animal and vegetable poisons is marvelous! It is dawning upon the people that all living beings are endowed as with magic by a defensive capability that resists not only bacteriolytie, but nameless other blood poisons. This innate capability of defense and endurance vitally eonserves during infancy, safeguards throughout manhood nor forsakes in old age.

In making mention of the immediate sources of physeial depravity we include first, the officially reeognized Archdemon of degeneration, Mercury, and his refined daughter, Calomel, whose corona bears the mystic words, "REMEDIAL DEATH;" whieh are thus interpreted. The eonception and the very existence of Allopathy created the exigency for a double acting poison, one that may give relief in one diree-

tion, and in another silently work the process of vital degradation.

For a moment contemplate the awful ravages of such a catalytic poison as calomel, syphilis, the white plague tuberculosis, small pox, typhoid sepsis and the habitual use of opium, tobacco, and intoxicating beverages. It is amazing that the self-preserving principle has so well defended the human family that its present representatives have not become altogether a race of degenerates!

Many Ways Proposed to Increase Immunity.

To increase greater immunity from small pox, Vaccine Virus has been employed because it was believed that practically those vaccinated became immune from that scourge. While accomplishing these results this virus is responsible for the loss in the aggregate of many lives besides the general deterioration of vital processes, which hasten early decline. In the public mind, its employment is of questionable utility. Do indeed, the necessities of immunity demand the continued use, generation after generation of animal toxins as anti-toxins?

Safe, Vegetable Anti-Toxins.

The time is at hand when this topic of universal interest will not down. The general public have become interested. Swinging high in the ideal realm of impending achievement, hope is coupled with expectation, patiently awaiting for a reasonable solution and verification of this issue. The resources of a bountiful materia medica with an exhaustless store of efficacious anti-morbific and anti-catlytic properties will yet supply mankind with pure and safe anti-toxins. Already arrived is one protypial herald of antisepsis, which by its success in converting incorrigible unbelievers, is veritably working the miracle of staying infection from animal virus! Knowledge and remedial possibilities are by no means yet exhausted. Time is required for unfoldment. Investigation is not completed within the past! Neither is science a brute that may be corralled! Research is forever onward, facing the obtainable. Therefore remedial possibilities have a just claim upon the present for the accomplishment of continual and future development. Therapeutics exonerates no sluggard.

It is quite recently, only about a score of years since an obscure American Eclectic physician modestly announced his discovery of an antiseptic antidote for rattlesnake poison. Its success has proved it to be the bright Evangel of approaching discoveries. The mist of obdurate unbelief begins to roll away. Echinacea Augustifolium appears possessed with a world-

wide mission of antidotal services in all degenerative conditions of fluids and solids from whatever cause! From the auspicious moment of its discovery to the present, the Eclectic cult in medicine has been testing the extent of its availability and applicability in degenerative conditions. Its anti-septic function is unlimited. The Demon of Death as well as the Ministry of Life are experiencing a critical awakening.

Clinical Investigation Leads The Way.

There are still other vegetable anti-septics of tried efficacy which have prepared the way for the introduction of this comparatively more strenuous remedy, and the materia medica is still rich in undiscovered wealth awaiting volunteer exploitation. It does appear even at the present that there are novitiate claims of recent discovery of other vegetable products of equal merit with Echinacea impatiently soliciting attention, and which require prolonged and repeated verifications as well as clinical corroborative experience to establish their distinctive degree of efficacy.

It is far from our present purpose to suggest the manifold virtues and modes of employment of Echinacea in ptomain, or in other instances of poisoning. Our medical literature abounds in illustrative eaxmples. One can scarcely take up an Eclectic medical journal unless he finds several pages devoted to its use. Daily Eclectic physicians are becoming more familiar with its wonderful disinfecting potencies and publish to the world the results of its use.

As for adherents of Allopathy, they doubtless experience a deep and overwhelming antipathy against a remedy that flatly contradicts and ignores their dogma of cure,—Allos Pathos. Such may receive the unbelievers, assignment, and in parting we hope that they may ob more service elsewhere than here. We certainly entertain the wish for them of no hotter region than is necessary to rid them of intolerable stolid indifference to various phases of medical progress. During the last half century they have awarded to American Eclectic physicians no credit whatever for the introduction of over two hundred valuable indigenous remedies to bless mankind and enrich comparatively, their barren materia medica. And when at last compelled to give their indorsement, every remedial agent of conspicuous alterative properties, that for years has proven efficacious in treatment, has been adulterated with calomel. In this rotten double-dealing, our remedies have been sophisticated and thus robbed of purity and of remedial efficacy. Where do the incentives and obliquity of such conduct arise, if not from the bottomless pit of mankind! This un-

principled selfishness, coupled with an insatiable ambition to rule, (or misrule?), through monopolizing legislation, securing beneficiary appropriations exclusively for its own guild and by its political chicanery at last succeeding in dictating and enforcing its prescribed terms and tests as the lawful criterion of qualifications for every medical practitioner: in view of these and worse doings, is it not common sense to condemn as unmitigated outrages such abhorent practice of that rich and irresponsible organization. The purpose of Allopathy as expressed in the modes of procedure of its powerful organization in spirit survives, not in synchrous harmony with our domestic institutions but in continuous violation of the equable instinct of self-government and freedom of the people. It is to be regretted that its usefulness is at an end, since its vices constitue a larger asset than its virtues in the reckoning of existence.

Since penning the foregoing report and remarks, I have received the New York Eclectic Medical Review, February issue, edited by G. W. Boskowitz, M.D., Dean of the Eclectic Medical College who editorially announces as follows:

"Three Millions to Columbia, three thousand to the Eclectic Medical College:

"New York state and the College of Physicians and Surgeons are to be congratulated on the magnificent gift of three millions from the Vanderbilts, Goulds and Munseys, to make their school the largest in the world; and the people and Eclectic graduates generally are to be congratulated on the gift from the Alumni of the Eclectic Medical College of three thousand dollars to continue their work of teaching a kindly medication and independence of thought; of allowing and welcoming original thought as well as original research along authorized lines.

"The comparison of gifts seems ridiculous, yet, small as the gift to the Eclectic Medical College is, it is graefully received by the Trustees and will be of lasting benefit to humanity."

At this distance from our native state it strikes us that these munificent gifts to such a rich and exclusively privileged medical organization as Allopathy are charged with a double-barreled moral: 1st. The millionaire donors are minus the credit of having by manual labor earned one cent of the money that they have gratuitously bestowed up this rich medical monopoly. It represents no self-sacrifice.

2nd. This contribution as stated, was made for the unworthy purpose of convincing the world of the wealth, supremacy of beatification of that exclusive medical school.

In striking contrast is the morale of the humble gift of three thousand dollars by the Alumni of the Eclectic Medical College of New York City, that out of scanty resources of hard earnings they contributed their mite to be able to continue inculcating the kindly principle, and demonstrate the efficacy of Sanative Medication; not for an exclusively selfish purpose, but rather that honors and medical improvement may be shared equally by all those who labor to promote human welfare. Such self-renunciation for principle is triumphant!

EXTEND THE LIST OF SPECIFIC MEDICINES.

J. A. Munk, M.D., Los Angeles, California.

Presumably every plant that grows has some medicinal value. In the settled portions of our globe many growing plants have been studied and their healing virtues ascertained and are known to the medical profession as valuable remedies for the healing of disease. During the past fifty years the Eclectic school of medicine in America has taken the lead in plant investigation and has acquired a list of about two hundred remedies which are prepared in the form of specific medicines that are of uniform quality and reliable in action. Each of these remedies has some specific use and their employment in the treatment of disease gives to Eclectic medicine a decided advantage over every other system of healing. But there is still an unexplored world left for the botanical investigator and the number of unknown medical plants may be even larger than have already been identified and named. Even in our own wild and desert regions numberless plants grow which possess rare medical properties that are only waiting to be found out. Occasionally such a plant is discovered and added to the list of specific medicines, like the Anemopsis of the southwest recently introduced, which is claimed to be a cure for nasal catarrh.

Dr. R. E. Kunze of Phoenix, Arizona, has quietly been studying the properties of many new plants growing on the desert, several of which have received recent mention in this journal, the Euphorbia Albomarginata as an antidote for snake bite and the Baccharis Glutinosa as a valuable diuretic. He has a number of other plants under consideration and has promised to give the results of his investigation to the readers of the journal at an early date. He has done good work for Eclecticism in the past and his interest and enthusiasm for the cause is undiminished. Years ago he gave us cactus; and when his materia medica is published it will undoubtedly add other items to the list of specific medicines. His scien-

tifie work speaks for itself but natural modesty prevents boasting.

Several years ago while I was in Arizona, I heard of a plant which was reputed to possess rare healing virtues. I took the time to look it up and found that its scientifie name was Ephedra but it is known among the plainsmen and cowboys as "whorehouse" plant. It is considered locally as an infallible cure for every kind of venereal disease, syphilis and gonorrhoea as well as kidney disease. It is prepared in a decoction and is administered freely as a tea, since it is perfectly harmless. I have never had an opportunity to test its virtues but believe that it is worthy of study. I met a man sometime ago who used it empirically and claimed that it cured Bright's disease.

The plant has the gray hue of the desert and looks like a faded bunch of hay or straw. I have seen it growing many times but never saw the plant in leaf or flower, although it may possess both at certain seasons of the year. Under the gray exterior it is green and if rubbed or crushed emits a faint agreeable aroma which mingles with the scent of several other desert herbs that impart a peculiar sweet fragrance to the desert air. In a recent letter to Dr. Kunze, I mentioned this plant and asked him if he knew anything about it. He replied in one of his characteristic letters which is of so much interest that it is here reproduced:

Phoenix, Arizona, January 14th, 1910.

My Dear Doctor Munk:

Your cordial letter of the 5th inst. was duly received and I wish to write a few words about Ephedra Trifurea, that Mexican remedy for gonorrhoea. I first heard of it in Tucson thirteen years ago, where I learned that an old Mexican woman was in the habit of curing infected boys of that malady. She used this plant as I was informed. It seems that Mexicans generally, are posted regarding the efficacy of this plain looking shrub which is often found along small arroyos of our desert.

A queer circumstance happened to me some nine or ten years ago in this city which I shall never forget. I had been collecting insects on the nearby desert and brought back with me a bunch of Ephedra with a view of studying the botanical description in one of my botanies. Passing through the Courthouse Plaza, every Mexican I met smiled and cast a furtive glance at me. At last the joke dawned on your puzzled friend when an elderly Mexican stopped me to explain what a valuabe medicine this plant represented. After this interview I made haste not to expose the specimen to the general view.

Quite frequently I have heard of the efficacious effect that this remedy has acquired for itself but I have never had an occasion to prescribe it myself. It is mentioned in the botanical part of the Mexican Boundary Report and in Gray and Coulter's Western Botany. I have notes about it in the manuscript of my materia medica. Next spring when the shrub is in flower, I shall have it photographed and will give you a short article for your Eclectic Medical Journal. I have my doubts whether it would cure a bad chancre.

There is another species, Ephedra Antisyphilitica (Watson), our Trifurca should not be confounded with, yet it may be that both species are similarly employed. E. Antisyphilitica is found along the Rio Grande in Texas, as far southe as Mexico.

Most fraternally yours, R. E. KUNZE.

THE EARLIEST AMERICAN SURGICAL TREATMENT.

By H. W. Felter, M.D., Cincinnati, Ohio.

The article on "Toxine of Stingray Fish" by Dr. V. Millasich in the last issue of the California Eclectic Medical Journal, recalls some early American colonial history. The historical account relates a similar accident and records the name of one of the first surgeon-physicians in the New World, Dr. Walter Russell. So far as we are aware it is a first hand record of the first surgical aid rendered in America; in fact, but a year after the settlement of Jamestown. However, we may regard the narrator, the boastful Captain John Smith of Pocahontas fame and his contributions to Virginia's history, we feel reasonably sure of the truthfulness of the following account, in which he was the victim, and we are also certain that he was gifted with an acute and ready observation and the power of description. Such accounts fairly pulsate with life-interest because they record the experience of the narrator and the reader can almost feel that he was one of the company and had witnessed the injury. Compare his description of the fish and the symptoms attending the injury with those of Dr. Millasich and note the concordance in both regarding the instantaneous, fulminating, and distressing character of the pain and the bluish discoloration of the wound. Smith's contribution is valuable, not alone in being the first account of surgery in America, but considering that he was a layman and lived at a period when clearness of expression was not always attained even by the scholarly, he presents a remarkably clear, though brief pathologic picture. "Captain Smith wrote that. "It chansed our Captaine, taking a fish from his sword (not knowing her condition) being much of the fashion

of a Thornback, but a long tayle like a riding rodde, whereon the middest is a most poysoned sting, of two or three inches long, bearded like a saw on each side, which she strucke into the wrist of his arms neare an inch and a halfe; no blood nor wound was seene, but a litle blew spot, but the torment was instantly so extreme, that in foure houres had so swollen his hand, arme and shoulder, we all with much sorrow concluded his funerall and prepared his grave in an Island by, as himselfe directed; yet it pleased God by a presciour oyle Doctor Russel at first applyed to it when he sounded it with a probe (ere night), his tormenting paine was so well asswaged that he eate of the fish to his supper, which gave no less joy and content to us than ease to himselfe, for which we called the Island Stingray Isle after the name of the fish."

DIETETICS.

Q. A. R. Holton, M.D., Whittier, Cal.

In last month's Journal we briefly noticed some of Pawlow's experiments with dogs, having bisected esophagi and fistulous openings into the stomach, thus enabling the scientist to observe the flow of saliva and gastric juice under varied conditions. We noticed how the salivary glands were excited to action by different agencies, the sub-maxillary by many, almost any mechanical agent and by a wide range of psychic impulses, while the Parotid remained inactive under psychic influence as well as all wet substances but responded quickly when dry powdered substances were placed in the mouth.

We also noticed results obtained in the case of dogs with fistulous opening into the stomach. The gastric secretion remaining nil while the dog was freely ensalivating, chewing and swallowing various inert or stimulating substances, but getting promptly to work when meat or bread was given the dog—and what was more strange, the gastric secretion was just as promptly started when such food was brought in view of the hungry dog and he believed he would get it. A hungry dog tempted with savory food passing near him frequently with it in preparation so that he is kept in eager anticipation of eating it will secrete as much and in some experiments even more gastric juice than when sham feeding (feeding a dog with a divided esophagus) is resorted to.

This system of experimenting was carried farther. Prepared meat was secretly, without arousing any suspicion on the part of the dog, injected into the stomach through the fistulous opening. The dog had no knowledge that he had been fed so that no Psychic influence over the gastric secretion existed. Instead of a free secretion setting in within five or

ten minutes as occurred in the ease of shown feeding and teasing by bringing the much-craved food in sight and smell no secretion of gastric juice for from fifteen to forty-five minutes and then a very scanty flow and of low digestive power. I quote one experiment as given by Pawlow, "I carried out the following proeedure on two dogs, both of which had ordinary gastric fistula and were besides oesophagotomised. In the stomach of one while its attention was distracted by patting and speaking kindly to it in order to avoid arousing any thought of feeding, a definite number of pieces of flesh were introdueed through the fistula. The morsels were threaded on a string, the free end of which was fastened to the fistula eannula by inserting a cork. The dog was then brought into a separate room and left by itself. A like number of pieces was introduced into the stomach of the other dog in the same way but during the process vigorous sham feeding was kept up, the animal afterwards being left alone. Each dog received 100 grams of flesh. Since then an hour and a half have elapsed and now we may draw the pieees of flesh out by means of the thread and weigh them. The loss of weight and consequently the amount of flesh digested is very different in the two cases.

In that of the dog without sham feeding the loss of weight amounts to merely six grams; while the flesh withdrawn from the stomach of the other dog weighs only 70 grams, that is to say was reduced by 30 grams. This, therefore, represents the digestive value of the passage of food through the mouth, the value of a desire for food, the value of an appetite. If the same laws thus shown to be operative in the dog are equally true in man (and it seems reasonable to believe they are even more marked) then some of the very orthodox teaehings of medical men on diet and feeding can be shown to be very erroneous and even injurious; for instanee, the habit of feeding patients regularly every two or four hours regardless of whether they have an appetite or not. If there is no appetite there is no juice and hence no digestion and whatever is thrown into the stomach under such conditions is so much foreign matter, whether it is sawdust or sauce, about as well one as the other. It must be gotten rid of at the expense of the patient's vital powers.

Again, eating and feeding in advance of hunger is like dumping a lot of eoal on a fliekering flame—puts it out. Better wait until nature has kindled the fires of hunger then the coal will be consumed.

If every doctor would paste these facts on his medieine

case and read them before giving dietetic directions to his patients they would have cause to bless him:—

"No appetite—no juice.
No juice—no digestion.
No digestion—no food.
Wait.
What shall I feed my patient? Ask him."

It is related that while in New York Professor Lorenz one evening at dinner was seated next to a clergyman, who was describing to the great Austrian how deplorable were moral conditions on the East side. "Why, professor," said the minister, "I have heard an 11-year-old girl step up to a boy of about her own age and say, 'I'll lick hell out of you.'" Dr. Lorenz looked puzzled, for he is not familiar with American slang. "Lick," he said, "was ist dos 'lick'?" 'Why, lick is to kick out of, to stamp out from, to eradicate." "Oh," said the professor, "and 'hell,' I don't know 'hell.'". "Well, 'hell' stands for all wickedness, everything that is wicked." "Yes, I see," slowly responded Dr. Lorenz; "the leetle girl said to the leetle boy she would stamp out, eradicate everything wicked from him. But why should that be so bad?"—Clinique.

LUCK.

By Max O'Rell.

Luck means rising at six o'clock in the morning;
Living on a dollar a day if you earn two.
Minding your own business and not meddling with other people.
Luck means appointments you have never failed to keep;
The trains you have never failed to catch.
Luck means trusting in God and your own resources.

The less a man has in his skull, the more he needs in his pocket.—H. L. Meader.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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WHAT OF IT?

We notice that some of our Homeopathic friends as well as some of our Eclectic men are greatly disturbed by what the Council on Pharmacy and Chemistry of the A. M. A. is doing. Or to be more specific, by what it is not doing. For the moment they seem to lose sight of the fact that the principal object of the A. M. A. is power, yes, even more power, and that the so-called Sectarian Schools are an ever present obstacle. This being true, their slogan becomes, destroy the obstacle; and to accomplish this end they are working full twenty- four hours each day.

Under these circumstances is it not absurd to expect them to commend in any way the work of Eclectics or Homeopaths. Furthermore, their council could not commend it if they would. By precedent and individual inclination their source of information is Allopathic literature. Outside of their own particular fold, all practitioners are barbarians—dwellers in the outer darkness. Standing in the glare of their own arc light beyond and around all is void and senseless. To be sure there are other arc lights up the street, but the light of these seems by contrast to be very feeble and inconsequent. Not having been to see they really do not know that those other arc lights are just as bright and just as useful.

Again they flatter themselves with the thought that they are the original and only non-sectarians, a statement which is pure assumption on their part, for no medical school is less so. Believing, as the A. M. A. does, that they are the root and source of all good in medicine, should we be surprised that their council recommends only their own remedies? And it would not dare do otherwise if it knew better. Does any sane man when in court expect his side of the case to be presented or even admitted by his opponent's attorney?

It is time all of us should realize that this is a fight and not an amiable palaver.

STRYCHNINE—STOVAINE ANESTHESIA.

It is our personal belief that general anesthesia induced by the inhalation of the various substances commonly employed is a perfectly safe procedure when conducted by a competent person. At the same time we freely admit that it is dangerous in the hands of the nervous or ignorant, for the agents used are powerful and must be used intelligently. To do this work properly requires an experience gained only by daily practice. By rights it is a specialty and it should be so recognized and paid accordingly.

We happened to be working in Paris at the time of the discovery and introduction of spinal anesthesia and from personal observation concluded that it was a suitable anesthetic in but a limited field of work.

This opinion we still hold,—though we continue to take an interest in the subject. Prof. Thoma Jonnesco, Dean of the Faculty of Medicine in the University of Bucharest, Roumania, is the champion of spinal anesthesia. Recently he has been giving demonstrations in America and prior to that in England. The "Lancet" of Nov. 28th gives the following account:

"On Friday last, November 19, M. Jonnesco delivered a lecture before the Surgical and Anesthetics Sections of the Royal Society of Medicine, in which he dealt with many features of his subject, and we give here a brief account of certain cases at the "Dreadnought," where, through the courtesy of the staff of the hospital, M. Jonnesco was enabled to demonstrate his method. The patients upon whom the method was shown were three in number, and we must say at once that the results did not bear out all the claims made by M. Jonnesco in his published statements. At the same time it is to be remembered that, speaking no English, the operator was unable to gain the confidence on the patient's part of which

he is wont to avail himself. To be able to talk to the conscious patient, to reassure him, and to distract his attention are aids to success which M. Jonnesco usually employs, and which were, of course, denied him in the case of patients whose language is unknown to him. Moreover, he had not himself prepared the ingredients which he used for injection, although these were prepared, we understand, exactly in accordance with his directions. Again, he was showing something new to a large and keenly interested gathering of medical men, and it may be that the comparative want of success was due in part to his natural eagerness to show quickly those effects which perhaps would have been obvious if more time had been allowed for their development. The first case was that of a young man requiring operation for a breaking-down glandular mass on the left side of the neck. The patient was a good subject, not nervous or frightened, of healthy color, and of fair intelligence. Sitting up, he was injected between the first and second dorsal vertebrae with one cubic centimeter of solution which contained three centigrammes of stovaine and one-half milligramme of strychnine. After the injection he was kept sitting for about a minute, and was then told to lie down, his head resting on a pillow. After about a minute in this position his head was lowered below the level of his shoulders for about half a minute and then placed again on the pillow. There were now some retching and moistening of the lips with the tongue. He was told to turn his head to the right, and all the surgical preparations having been previously made and a piece of lint lightly placed over the patient's eyes, M. Jonnesco at once made the incision. There was no evidence of pain, and it was obvious that the patient was unaware that he had been cut. Vessels were picked up and tied, the same quiet condition persisting. When, however, a little dragging of tissues was necessary to expose glands or to secure bleeding vessels there was almost continuous moaning on the patient's part. In answer to questions, however, he admitted that what he felt was not very bad. The skin suturing caused him no sensation at all. This case, then, demonstrated the truth of M. Jonnesco's assertion that it is possible with perfect safety to inject his solution high up in the spinal canal, and to place the patient in such a position that presumably the solution reaches the brain. There was no evidence of any respiratory paresis, nor of any effect at all upon the medulla, unless the short attack of retching be regarded as such. The color was well preserved, and the way in which cut arteries spurted showed that there was no depression of circulatory vigor. The skin anesthesia in this case descended to the level of the

middle of the thighs. The cornae were insensitive to touch, and the arms were paralyzed. After-effects were limited to severe headache of some hours' duration. From the point of view of the surgeon, then, this case, in which the operation lasted about fifteen minutes, was during the time of operation almost perfectly successful. The only drawback was that moaning to which reference has been made. On the next case, a laparotomy for gastric carcinoma, the same judgment can not be passed. Here there was not only groaning but straining expiration which interfered with the surgeon's manipulations to an undesirable extent. In fact, it appeared to us that had a gastroenterostomy been attempted it could not have been carried through with the degree of anesthesia provided. To what extent the straining was due to sensation of pain on the patient's part we can not say. It became more obvious when the parietal peritoneum was incised, but it was aroused to some extent by the skin cut too. As there was found a mass of carcinoma in the cardiac portion of the stomach the abdomen was closed. The injection in this case had been made between the twelfth dorsal and first lumbar vertebral spines. In the third case the high injection was made in order to procure anesthesia for a mastoid operation. After two injections, although the skin was perfectly analgesic, there was so much agitation on the part of the patient, a boy, when periosteum was dealt with that chloroform was resorted to and the operation performed under its influence. M. Jonnesco lays great stress upon the importance of not sterilizing the stovaine itself. The chemists who prepared the stovaine for this occasion declare that it was not sterilized. Its behavior, however, suggested to some that in reality there had perhaps been a mistake in this respect, and that to this the want of complete success in the demonstration may have been due."

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May, 1910. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1910. Q. A. R. Holton, M. D., Whittier, President; M. Blanche Bolton, M. D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, March 1st at 8. P. M. at the College.

The attendance was unusually large. Dr. Hubbard read an interesting article entitled "Some Remarks on the Treatment of some Every-day Diseases." This paper was thoroughly discussed and commented upon. Then Dr. Orin Davis, Sawtelle, read an article on the recent cases of ptomain poisoning which occurred in his home town. The society gave Doctor Davis a vote of thanks in appreciation of his efforts in learning the facts in these interesting cases.

At the next meeting on April 5th at the same place Dr. Finch will read a paper and Dr. Solomon will report a clinical case.

Adjournment:

J. BEARD, M.D., President. P. M. WELBOURN, Sec'y.

CONVENTION: ECLECTIC MEDICAL SOCIETY, LOS ANGELES, MAY 24-26, 1910.

Dr. J. T. Farrar,
1922 Virginia St.,
Berkeley, Cal.

Dear Sir:

Referring to your application for reduced fare account the above convention, wish to say this company will make rate of one and one-third lowest first-class fare per capita for the round trip from all stations in California, including Reno, Nev., tickets being on sale for going trip May 14th to 26th, inclusive, 1910, and certificates to be honored for return.—See Note.

It is understood before reduced fare will be granted returning, Secretary of the meeting must send to our Agent at above point letter stating 50 or more properly issued receipt-certificates have been presented to him and vised.

It is further understood that delegates to the convention may, if they desire, secure stopover privileges on going trip provided they ask agent at initial point for such ticket and pay our regularly published stopover fare, taking receipt-cer-

tifieate for same as in the ease of purehase of a limited tieket. On the return trip no stopovers will be allowed.

When issuing instruetions to your delegates please advise them that if through any fault of their own they are unable to obtain benefit of above redueed fare this Company will not eonsider any requests for refund.

Yours truly,

CHAS. S. FEE.

Note: Certifieates will be honored for return as follows: To stations in California south of Santa Barbara and Bakersfield, May 24th to 28th, 1910, and to stations in California, ineluding Reno, north of and ineluding these points, May 24th to June 6th, 1910. This longer limit is granted delegates from Northern California to enable them to make side trips in Southern California if desired.

FELLOW ECLECTICS.

Let every one deeide now to attend the state meeting in Los Angeles. I have made reduced rates with the Southern Paeifie and two lines of steamers. The Independent Steamship Company will give a one way rate from San Franeiseo, first elass, for $8.85 or round trip for $16.00. If ten or more go, eighty per eent off of the above. The Paeifie Coast Steamship Company will give a round trip rate, first elass, for $18.50. For those who do not wish to go by water I have made rates with the Southern Paeifie Company for a one and one-third (1 1-3) rate from any point in the state as per instruetions below. Please note that you ean take advantage of these rates from any point in the state or from Reno only, being eareful to have your loeal agent give you reeeipt for ticket when you purehase it. Also note that you pay full rates to Los Angeles and only one-third (1-3) returning.

Of eourse any one ean take advantage of these rates whether he is a doetor or not by taking the rouble to have Doetor Dougall, our seeretary, eertify that fifty or more properly issued reeeipt eertifieates have been issued.

Come and bring your wives, they eount the same as you do.

J. T. FARRAR, M.D., President.

THE NATIONAL.

The National Eelectie Medieal Assoeiation will meet at the Hotel Vendome, Boston, Mass., June 28 to July 1, 1910.

At this time Boston is a tourist point, and round trip

tickets are sold from all points at about a fare and a half. Consult your nearest ticket agent for tourist routes and side trips.

Members of the National must pay their annual dues of Two Dollars through their State Society Secretary this spring.

New applicants who wish to join, must be members of their State Society, and join through it on payment of Two Dollars in addition to State Society dues. This includes the subscription to the new National Quarterly. There are now nearly 800 members in the National out of a possible 2300 State members.

Names of all new applicants will be printed in the June Quarterly, and voted on in Boston.

Don't fail to pay your Two Dollars for the National through your State Society, and attend the Boston meeting if you can.

W. N. MUNDY, M. D., Cor. Sec'y.
Forest, Ohio.

NEWS ITEMS.

Dr. G. W. Chase of St. Joseph, Mo., is spending his eighth consecutive winter in Los Angeles. His home interests prevent him moving here permanently, but he manages to leave home long enough to escape the severity of an eastern winter.

The Eclectics of Los Angeles are always glad to greet their brethren from other sections of the country who visit here. The office of the College at 337½ South Hill street is Eclectic headquarters where the friends of Eclecticism always find a cordial welcome.

The attendance at the last meeting of the Los Angeles County Eclectic Medical Society was larger than usual. There were thirty odd persons present during the evening, and a very interesting programme was rendered.

Dr. David O. Fruth of Chicago is spending the winter in Los Angeles. He was here ten years ago, but the city has grown so large and changed so much that he says he is unable to locate any of the old landmarks.

Dr. C. A. Henry, Sr., who has seen forty years of practice in Fostoria, Ohio, is sojourning in Southern California. He is hale and hearty and looks to be good yet for many more years.

The name of the Eclectic Medical Institute has been changed to the Eclectic Medical College.

Dr. A. F. Stephens, St. Louis, celebrated his fiftieth birthday on March 17th at which time he favored his friends with a little folder containing an excellent portrait. The doctor cer-

tainly does not look like fifty years—and here's hoping that he may continue to look as young in the next fifty years.

Scientists and others interested in Arizona are rejoicing over the gift to the Southwestern Museum by Doctor Munk of his library on Arizona. Doctor Munk has spent many years and much money in gathering these books and the collection is recognized as the finest and most complete of any in the world. And, as he is constantly adding thereto as new works are being published it is likely to retain this distinction. At present it contains over four thousand titles.

The Council of Pharmacy of the American Medical Association has condemned three remedies of the Homeopathic materia medica, namely aletris farinosa, dioscorea villosa and baptisia tinctoria. The first is valueless because "reliable observers" have found it so; the second is not "entitled to consideration," and the third, or baptisia, has given no evidence of any therapeutic value and Cushney, Sollmann and others do not mention it. Thus these drugs are waived out of existence by the Podsnappian Council. There are a few Homeopaths, and, probably, fewer Eclectics who would coincide with these views of old tried drugs. It is quite probable that none of the members of the Council ever tried any of these drugs.; if so, they were tried on other principles than the Homeopathic. Indeed, we know that neither Cushney nor Sollmann practice medicine, so the value of their testimony, even if positive, is worth little.—Editorial in Medical Century.

IMPORTANT NOTICE.

Those of our readers who are interested in the various forms of Physiologic Therapy (including Hydrotherapy, Electrotherapy, Massage, Hyperemia, etc.) will be glad to know that it is proposed shortly to inaugurate a new journal devoted solely to the delineation of the progress made in these lines of therapeutic endeavor.

THE AMERICAN JOURNAL OF PHYSIOLOGIC THERAPEUTICS will be published bi-monthly and the subscription price will be $1.00 a year. The names and addresses of all interested physicians should be sent in at once, and those desirous of subscribing may enclose their remittance when writing. It is to be hoped that a wide-spread interest may be aroused in this matter. Write now, while this is fresh in your mind, to The American Journal of Physiologic Therapeutics, 72 Madison Street, Chicago.

TREATMENT OF CHRONIC BRONCHITIS.

Underlying a chronic bronchitis there will be found a state of reduced vitality. The chronic condition has fixed itself and the weakened system is unable to throw it off and restore itself to normal—the system's elasticity, its ability to rebound, as it were, is gone.

There is urgent need of an agent that will build up and restore the resisting powers, so that the chronic bronchial conditions may be eliminated. Cordial of the Extract of Codliver Oil Compound (Hagee), by reason of its soothing effects on inflamed muscosae, and above all else, its power to build up a debilitated subject, put new blood in his arteries, and stamina in his body—is the remedy **par excellence** for this purpose.

PHARYNGITIS.

In the treatment of pharyngitis equal parts of Katharmon, glycerine and water is a very efficient application to stimulate the follicular secretions to a healthy condition.

Doctor Vance May of Cornetsville, Ind., in treating a case of saccharine diabetes of long standing in which he found a good deal of albumen present as a result of an old gonorrheal inflammation says the use of a few bottles of sanmetto so cleared up the urine that he could find no strings of mucous, nor the least trace of albumen by heat or nitric acid test. It also afforded a world of relief to his patient who had been suffering for years with his bladder.

CLINICAL REPORTS ON CHROMIUM SULPHATE.

I have used Chromium Sulphate (Abbott) in one case of chronic nephritis with very gratifying results.

Atchinson, Kans. DR. GEO. BAUDRY.

PROSTATIC TROUBLE.

The four-grain tablets of Chromium Sulphate (Abbott) have put to shame all other medicines I have ever used for the reduction of hypertrophy of the prostate in a patient of 75 years. By the time the first one hundred were gone, taking four four- grain tablets (16 grains). per day his symptoms had all left him. Now he is able to retain his urine from eight or nine P. M. to five A. M.

Franklin, Ind. DR. J. W. DILL.

The California Eclectic Medical Journal

Vol. III MAY, 1910 No. 5

Original Contributions

A BRIEF REPORT ON THE USE OF SOME OF OUR NEW REMEDIES.

Ovid S. Laws, M. D., Los Angeles, California.

I was well pleased with the April number of our Journal. I had been waiting for Dr. Kunze's report concerning Baccharis Glutinosa for some time. I have been using a tincture of the tender shoots and leaves for at least fifteen years with constantly increasing confidence in its value. Nothing gives me greater satisfaction as a kidney remedy. It is not much of a diuretic, but will relieve an obstruction to a free flow of urine through the kidneys. I think it helps to correct any excessive flow also, as I used it in connection with boric acid recently in a bad case of diabetes insipidus. Both of the agents are said to be diuretics, yet they cured this case in a few days.

I gave them alternately No. 1 capsules, filled with boric acid and one capsule given three times a day, and baccharis, drams two, in water, ounces four, one teaspoonful given three times a day. As there was threatened paralysis of the lower limbs I added ten drops of specific tincture of nux vomica. The baccharis was given for the painfulness and frequency of urination. I think baccharis glutinosa will do as much good in a case of Brights disease as any other remedy. It was given recently to a very old man for chronic, painful and frequent urinations coupled with pains in the back and hips. To my surprise he was much relieved by a few doses and by the time he had finished four ounces he was fairly comfortable. but after a week or two felt the need of more and got another bottle which has kept him easy for several months. I never have used the roots of the plant as the leaves are easy to get and make an effective remedy.

Boric acid has been for more than twenty years my remedy for excessive urination and it does the work every time and in a few days. I use it alone except where there are strong indications for something else, as in the above mentioned case, where I gave baccharis for the pain and frequency. The dose of boric acid need not exceed three grains in some cases, but

some years ago I had to run it up to about ten grains for an old soldier from Sawtelle.

Anemopsis is still proving its value in catarrh and coughs that strongly suggest consumption. A young man is now using it for catarrh who had lost the sense of smell. In order to restore that I gave him a lotion made of anemopsis, one part to three parts water, to be used with cotton in the nose, one side at a time, for an hour or more. It has restored the sense of smell to some extent, but will be continued. He is using it internally three or four times a day. I usually put two drams in four ounces of water and give teaspoonful doses, but as it is quite pungent, some patients cannot tolerate it even at half that strength. It loosens up the tough mucus and in large doses increases the secretion. It has a fine effect in dry forms of asthma in conjunction with lobelia and is more permanent in effect, even curative in some cases.

In cases of consumption it is the first thing I think of. I use it alone or in mixtures with echafolta and specific thuja. In chronic bronchitis anemopsis should be used in thin syrup or strained honey in most cases. I am glad that Lloyd Brothers have put it on the market and recommended a free use of it.

Let me say to Dr. A. F. Stevens that our growing interest in specific medication in California does not indicate any notion of "giving up the ship."

THE TREATMENT OF PLACENTA PRAEVIA.

Dr. O. C. Welbourn, Los Angeles.

Read before the Electic Medical Society of California.

The practitioner when in a reminiscent mood should not fail to return thanks to whatever gods that be "that placenta praevia is rarely seen." Likewise when indulging in roseate dreams of the unfolding future, this reflection increases that feeling of complacency. However, the great average of frequency does not insure one against two cases in succession, and it is well to be prepared.

The diagnosis is not difficult. The usual supervision has been exercised by the doctor with everything apparently going smoothly. Suddenly there is a profuse hemorrhage from the vagina and the patient and her friends are greatly alarmed. She goes to bed and the doctor arrives. An abdominal and vaginal examination is in order, and if he is conscientious he will be scrupulously careful of his asepsis, for a patient in this condition is readily infected. She has told him that she is in the seventh month and the physical signs

confirm this. The vaginal examination shows a pregnant cervix with blood oozing from the os. The index finger may be readily introduced and at once comes in contact with the uterine surface of the placenta. The sensation is quite different from that imparted by the membranes, but if any one of my hearers is unfamiliar with it, I urge upon him to practice on a newly delivered placenta. However, the internal os may not be entirely covered by the placenta, in which case the finger will touch both membranes and placenta. It is necessary to make this differentiation, for the incomplete case is much less serious and a waiting course of treatment may be adopted. It will consist of mental and bodily quiet with such remedies as may be specifically indicated from time to time. On the other hand should the placenta praevia be complete, preparations must be made to deliver as soon as possible, remembering that every care must be exercised to protect the life of the mother. The fetus is usually poorly developed, and this, together with the period of gestation, make its capabilities for life very weak. Having decided to deliver, it is necessary that the patient be put in a hospital or other place where the most rigid asepsis can be maintained. Each person assisting at this operation must be not only skillful but thoroughly hardened to the sight of blood. The usual preparations to overcome shock from loss of blood must be carefully made and their use placed in competent hands. The patient having been properly prepared, the first step is to dilate the vagina. This is best done by using inflatable rubber bags in graduated sizes. Take plenty of time and do it thoroughly so that you will not be embarrassed by lack of room at a critical moment. Next dilate the cervix rapidly but effectually. An insufficiently dilated cervix may cause the death of your patient. This dilatation is best done by means of a Bossi dilator, though it is possible to do it with the hand or by means of these same rubber bags used in dilating the vagina. The time occupied in the dilatation of the cervix should not be more than three or four minutes, for in complete cases the blood will pour out of the vagina like water out of a pump spout. It is a most harrowing experience and one that should not be undertaken by the dilatory or faint hearted. Sufficient dilatation having been attained, the dilator is quickly removed, the hand shaped as a cone and pushed through the placenta with a boring motion. One or both feet are grasped and a pedalic version executed and the child is immediately delivered, using forceps or whatever is necessary to deliver the head. At this moment of delivery it is absolutely essential that the uterus be firmly contracted. This is best accom-

plished by the Crede method, and it should be the only duty of one experienced assistant. Any favorite method may be employed to remove the placenta provided it is done speedily. Time is a very important factor in this operation. It should be entirely completed within ten minutes.

The convalescence will be protracted. The complication to be feared is sepsis, but if no one present has fallen down on the aseptic technic this will not appear.

It should be the only duty of one assistant to care for the child; artificial respiration, etc., will be necessary to give it a start. Afterwards an incubator will be needed. It is well to try to save the child, advising the friends, however, that nothing should be expected. In a case of complete placenta praevia the life of both mother and child are inevitably lost if no aid is given. The primary object of the operation is to save the mother. Should the child be saved also, well and good. But do not try to save both with the result of losing both.

SPRING TIME.

J. Fearn, M. D., Oakland, California.

By the time these lines reach the reader, in most parts of our land, the words of the wise man will be true where he says: "For lo, the winter is past, the rain is over and gone; the flowers appear on the earth, the time of the singing of birds is come." And what a lovely time it is.

The poet sings:

> May, thou month of rosy beauty,
> Month when pleasure is a duty,
> Month of bees and month of flowers,
> Month of blossom ladened bowers.

I remember many years ago I had spent the winter in the high Sierras where everything was covered with snow, not a green thing in sight. Business took me down the mountain thirty miles or more to a much lower altitude. It was warmer there, the snow was fast melting, streams of water were running down the hillsides and green plants and vegetation was springing up on every side. How beautiful and lovely it seemed to me who had seen nothing but the beautiful though glaring snow for months. The birds were already singing and evidently bent on home building. Surely the beauties of spring and early summer must be especially dear to the doctor who through the winter has had to brave the storms by night and by day, and especially to the Eclectic doctor must it be a pleasurable time, for wherever he turns

his gaze, on the mountain sides, in the valleys, by the side of the water courses or in the woods and thickets, he sees herbs and plants which have been provided by a gracious Creator for the service of man and which the Eclectic fathers have studied and used with success in the fight with disease. From the ocean shore right up to a very high altitude California is rich in medicinal plants, and to me it has been a great source of pleasure and delight to get acquainted with them. Personally I had the advantage of early training in these matters. My father, a great nature lover, used to tell me there was not a physical ill to which man was subject but there could be found in the garden of nature an herb which, properly used, would not either cure the ill or relieve man's sufferings under the ill. And it is a well known fact that some of the simplest are the most potent for good. I remember hearing when I was only a boy the saying of a noted English physician. He declared, speaking of water cress, an herb which is eaten largely as a salad on both sides of the Atlantic, "that if everyone knew of the virtues of water cress it would be gathered so close that it would soon be difficult to find it."

It would well pay our doctors to gather many of our medicinal plants and tincture them. Dr. J. M. Scudder in the Eclectic Medical Journal during the eighties frequently called attention to this work under the head of office pharmacy. In those days I was not as busy as I have been of late years and I was proud of the array of fluid medicines I prepared from the indigenous drugs in Ohio. They looked nice and clean, they were free from dirt, they had the odor and taste of the drug, they did good work and were generally prepared of the strength of eight ounces to the pint of finished preparation. I wish especially that the younger men of the profession would do this kind of work; it would pay, I know, and it would be a recreative study. All the needed knowledge as to the strength of the menstrum and general manipulation can be obtained from King's American Dispensatory.

Of course there are some of our active remedies that are plentiful East that we do not find here, as for instance podophyllum, peltatum, etc. I have seen phytolacca decandra apparently doing well here in California, but so far I prefer to get specific phytolacca coming from our Eastern and Western States. Marrubrium vulgare grows here in abundance. Hamamelis seems to be at home in the Santa Cruz mountains. Berberis aquafolium is at home in many parts of the States as well as in Oregon and Washington. Grindelias are with us. Eucalyptus has made a home here. Capsella bursa pastoris toraxacum, poplars, wild carrot, ephilobium augusti-

folium, rhammus Californica, salix nigra, galium apperine and a host of other good and very useful plants that I know and many I see daily, but I hesitate to take Journal space to mention them. But let me say that this article comes to your attention at just the moment when it is best to give attention to them.

If you wish to become acquainted with the medicinal plants of California there are two books to which I would call your attention. First, "Wild Flowers of California," by Parsons and Buck, and another, "Flora of Western Middle California," by Jepson.

PTOMAIN POISONING.

J. Beechler, M. D., Soquel, California.

These are nasty cases and we must know just what to do with them at once and make no mistake. The one suffering expects quick relief. Wash out the stomach and the bowels with an antiseptic solution, give Hyasacymus gr. 1-1000 and stryehnine gr. 1-30 for the pain. Then push the sulphocarbolates to the limit. Should you find him in a spasm, give Glonin 1-250 every five minutes to dissolve upon the tongue until three are given, to cause the capillaries to pump the blood to the brain. Atropine will do in some cases.

Use the sulphocarbolates dissolved in warm water, one grain in each injection (high up enema), same way solution for both the rectum and stomach, and your patient will be all O. K. in eight hours.

Now for a short one where the alkaloids are not to be had. Inject 1-10 gr. if patient is rigid, if not 1-20 gr. and high up enema with warm water and olive oil, also sulphocarbolates to the limit.

Now another one is best grain alcohol and glycerine. aa, given instantly in great big quantities often will sometimes be quite sufficient.

THE PACE THAT KILLS.

J. A. Munk, M. D., Los Angeles, California.

The artificial life of modern civilization has made great strides during recent years in what is called progress, but at what a terrific cost of human life has it been brought about? Everything goes with a rush and the wear and tear of living machinery is something frightful. The speed at which we live is surely the pace that kills.

The time was when men lived moderately and modestly

and were all the happier for so doing. They obeyed the natural laws and lived near to nature. Their needs were few and simple and the daily lot was happiness and contentment. When we stop to think of those days and compare the life as then lived with what is passing now, we are tempted to wish for a return of the simple life.

The things that have happened in the world's progress during the past century are marvelous and wonderful to contemplate. With the introduction of steam and electrical power came speed; a mad desire to move rapidly, to do many things quickly and to accomplish great results. One invention after another has been discovered to aid man in compassing time and space. But the speed craze does not stop at machinery, which represents only the material plain, but has also invaded the higher mental and moral spheres. From a pure desire to go steady and do right at the beginning, man has changed and become possessed with the speed idea along all lines, regardless of consequences. His striving has become more and more sordid and selfish and culminated in the one ambition to become immensely rich, which has caused him to drift far from his high ideals of honesty and integrity.

The popular craze is to amass wealth and accumulate dollars in such numbers that individual fortunes amount to hundreds of millions. Such a piling up of great riches by a few individuals is wrong, as it destroys the balance of society and widens the distance between the rich and the poor. In this unnatural and unreasonable scramble for money men have changed in many ways, but the one thing most to be deplored is the loss of honesty. The man who is out for the almighty dollar has no conscience and will stoop to anything to accomplish his end. He does not hesitate to deceive his best friend if he can profit by so doing, and his methods for acquiring money are even more reprehensible than those of the common thief. Men who stand high in church and state commit such acts of perfidy repeatedly and seem to think nothing of it. They have no compunction of conscience nor feeling of pity for those they have ruined and their only concern seems to be how to evade the law and keep out of jail.

This crazy grasping after money leads to many evils and tends directly to form monopolies by the concentration and combination of large capital. Monopoly kills competition and competition is the life of trade. When a man accumulates millions like Rockefeller, dollars that he does not need and cannot use, he puts out of business and impoverishes thousands of small dealers. His money may eventually be given to charity but that does not help those that have been robbed. Any man

who uses unscrupulous methods for increasing his wealth, whatever his standing may be, is an undesirable citizen and an enemy to the community in which he lives. To check this evil of extravagance a legal limit should be put upon the amount of money any one individual may acquire.

The poor laboring man envies his rich neighbor and is apt to think that he owes him a grudge and tries to get even with him for some real or fancied wrong. He joins a union that he may the more successfully combat his enemy, when labor and capital clash. Union bossism is just as bad as corporate greed. Each tries to take an unfair advantage of the other and get something for nothing. Both are in error and no two wrongs can ever make a right. Unless there is a speedy return to sanity and honesty in business the nation is in great danger of anarchy and ruin.

The advent of steam and electricity changed the speed standard. Prior to their use man gaged speed by his own gait and had the right of way upon all occasions. His standard of speed was slightly increased by the pace of old Dobbin, the family horse. After horse vehicles came the steam engine and trolley cars, the bicycle, motorcycle and automobile and lastly the flying machine. The great speed of these various means of rapid transit on wheels, moving rapidly in every direction across the landscape, both on city streets and country roads, has become such a confusion and menace to the pedestrian that it is no longer safe for any one to appear afoot and alone on the public highway. This increased speed is perhaps inevitable as a factor of modern progress, but the large toll of life which the swift pace exacts is appalling.

To adequately meet the new requirements of speed and make it reasonably safe, a school of instruction would seem necessary for re-educating the senses and fitting them for existing conditions. The great change that has been made from slow to rapid motion by the new methods of travel makes it imperative for people to modernize and adjust themselves to the new order of things. This is more easily said than done as it is about as hard to unlearn the old as it is to learn the new. Particularly is this true of old people who are apt to take too much for granted and do not take kindly to change. They are naturally inclined to fall behind in the race with time and the progress of events and need more than ever to use caution. With years the senses become dulled and old folks fail to notice the things that pass as they once did in youth. Even when every precaution is taken it is sometimes impossible to escape the rush of vehicles and the helpless vic-

tim is caught and ground under the wheels of the modern Juggernaut.

It behooves everyone who travels to heed the warning sign at the railroad crossing to "Stop! Look!! Listen!!!" and then wait some. First be sure that you are right, then go ahead.

COLLINSONIA CANADENSIS.

E. Mather, M.D., Detroit, Mich.

Read before the Los Angeles County Eclectic Medical Association.

I wish to draw your attention to a plant commonly known as "stone root" or "knob root." It is one of the most valuable of indigenous American medical plants. Being widely distributed, it is found in richly wooded soils from April to October in all sections of the United States. Collinsonia Canadensis possesses a rank aromatic odor and is hot and somewhat pungent to the taste.

Now its principal medicinal constituent appears to be a volatile oil.

All parts of this plant are used in medicine, the root being the most powerful, and the portion usually employed, as it yields its virtues to water and alcohol; it may be administered in the form of a powder or as a tincture or the infusion.

The dose of the powdered root varies from five to thirty grains, the tincture from ten drops upwards to one drachm; the infusion from one to four ounces.

The physiological action of Collinsonia very much resembles hayberries and stone crop; now intermediate between the two it will be found an astringent to the mucous surfaces and a bactericide of considerable power, besides equalizing chaotic nerve centers. It will be very highly esteemed in all disordered states of the alimentary canal.

It will be found to starve out both gastric and intestinal sarcinae.

Its action upon all the organs contained in the pelvic region is found good, relaxes the ureters, promotes an increased flow of urine, facilitates the expulsion of calculi, and diminishes the irritability and general sensitiveness of the bladder.

Found very useful in acute cystitis and in chaotic nervous afflictions, chorea, very valuable in neurosis of the vagina, good in whooping cough.

Collinsonia will be found of great utility in piles. Take tincture of hamamelis, tincture of collinsonia, tincture of euonymus of each equal part. Teaspoonful in water every four hours.

Collinsonia will also be found very useful upon the urethra, prostate and rectum, I find Lloyd Brothers' Specific Medicines reliable.

FULGURATION AND STATIC BRUSH DISCHARGE.

Almo De Monco, M.D., Denver, Colorado.

Fulguration by Keating Hart's method provides for the treatment of tumors in two stages. A first stage in which the surgeon removes the cancerous masses as completely as possible, whereupon the electrotherapeutist treats the wound thus created with a shower of high frequency sparks, these being long and copious, such as generated by specially constructed coil of tremendous voltage and considerable amperage, the application to the affected parts accomplished by special electrodes. The length of spark is one of the most important factors of the intervention. We must bear in mind that the short spark produces very pronounced and chemical effects giving rise to a hard scar that undergoes contractions. The long spark on the contrary produces all the effect of a blow, so we get oedema of the parts under treatment with little or no sloughing. Finally there is a copious exudation of lymph lasting for several days after the operation, which is followed by suppuration accompanied by very active granulation.

When the wound has been sparked for some time it becomes of a dark hue and the oozing stops. There is a little oedema and this gives it a peculiar softness under the finger, in fact, the region is said to be "padded," i. e., the proper condition in which to leave it. The operation thus completed is left gaping and a flat dressing applied.

The foregoing gives in as few words as possible the latest French method of after-treatment of malignant growths and so far has proven quite successful.

The French apparatus designed for fulguration is expensive and quite complicated and in the opinion of the writer will not prove as efficient as a powerful static machine of American manufacture of the present year's vintage. The modern static machine is almost unknown in continental Europe, even such an electrotherapeutist as de Arsonval having purchased one in this country a few years ago; therefore such powerful modalities as the static brush discharge and blue pencil flame are almost or quite unknown, hence their investigations are entirely confined to the development of the coil and its application to therapy.

The static brush discharge may be described as an unidi-

reetional eonveetive diseharge of a very high potential, violet color, rieh in violet, blue violet, and ultra violet rays, attended with the formation of large quantities of ozone and nitrous oxide.

A statie maehine eapable of generating at least one M. A. (1.) at a very high potential is essential. The eleetrodes are also of great importanee and should have terminals sueh as a wooden ball of one to two inehes in diameter, a wooden point, a small sharp metal point, and a small metal ball. The wooden terminals are to be eonstantly maintained at the proper degree of moisture whieh experienee will soon teaeh us. If too wet, the diseharge is very disagreeable to the patient.

We are to seat or reeline the patient, as is preferable, on an insulated platform or table, said platform or table to have insulated legs of at least nine inehes in length, beeause if our maehine is eapable of generating the amount of eurrent neeessary, why allow it to waste?

Conneet the patient to the negative side of the maehine matalieaIy, (and be sure to test the maehine first) and ground the positive to a perfeet ground eonneetion. If we wish to have eontaet with the patient's feet, the shoes and stoekings must be removed beeause the sparks eoming through the shoe nails will prove very disagreeable. Then ground the wooden eleetrode to a separate ground; this ground must be entirely separate and away from the ground attaehed to the positive side of the maehine. Some operators endeavor to administer all forms of statie treatment without any grounds, when two are always required. Be sure the discharging rods of the maehine are wide apart. The operator should then assume his proper position and have an assistant start the maehine very slowly, and bring it to the proper speed at the diseretion of the operator, hold the eleetrode armed with proper terminal at a distanee of ten to fifteen inehes from the part to be treated. Give elose attention as the maehine is gradually increased in speed. When the maehine is running slowly and the eleetrode has the wooden ball terminal, the diseharge is spasmodie and sputtering. Now ehange the terminal to the small metallie point and graudally speed up the maehine to full capaeity and you will get a eoneentrated eonveetive discharge and finally a blue peneil flame whieh in the opinion of the writer at the present time is destined to beeome famous for fulguration purposes. Never suddenly withdraw your eleetrode while the maehine is running at full or even half speed; one experienee of this kind will prove suffieient. Always gradually slow down the maehine, having the assistant do this while you keep the eleetrode in position. If something

should demand an immediate cessation of the treatment short circuit the machine by placing the electrode in contact with the metallic place on the platform or table.

The sputtering discharge emitted when the machine is running slowly is not unlike in sensation to a collection of fine sparks or hot grains of sand accompanied with cool air, and should be administered by keeping the electrode constantly moving about the parts treated.

The blue pencil discharge differs from the sputtering discharge because of the greater rapidity or frequency of the dischanges giving luminosity; the air subjected to this enormous bombardment of electrical particles becomes luminous.

The ozone, nitrous oxide and all the rays before mentioned have a most pronounced antiseptic action and are most efficient in destroying certain infection. The ozone and nitrous oxide is also present in therapeutic quantities, which can be proven by the use of a starch and K. I. solution.

The blue pencil flame should always be applied directly to the skin or wound, and the rapidity with which the skin is tanned proves the presence of ultra violet rays in therapeutic quantity.

The brush discharge contracts first the capillaries—blanching the skin—the dilatation occurs and hyperemia etc., takes place, the duration of which depends on current potential and length of exposure.

In treating an ulcer or open wound with the brush discharge, the surface becomes coated temporarily with a shining glaze or film. The blue pencil flame produces drowsiness and is followed in two hours or even less time by positive sleep; hence it is specifically indicated in nervous unrest, insomnia, neurasthenia, alcoholic or other excesses, producing rest and refreshing sleep. Repeated applications along the entire spine and over the abdomen increases peristalsis as is proven by effect on the stools. After a twenty minute application the patient is frequently in a gentle perspiration, thus enhancing elimination.

Several writers have observed a very marked increase of haemoglobin in patients treated by positive insulation, followed by the brush discharge, and it is the writer's experience that this occurs in a more or less degree with every modality of the static current. The results in a tabulated form are too long for this article. They can be easily demonstrated by those who may so desire and are in possession of a suitable static machine.

The brush discharge is to be thought of in all cases of lupus, psorasis, herpes zoster, eczema, acne, and other skin

affections, the writer having cured one case of lupus vulg. of nine years duration, in forty applications, using the wooden ball and pencil terminals, each application of twenty minutes duration, and made daily for a time.

Synovitis subjected to the Morton wave modality for twenty minutes, followed with the brush discharge for ten minutes, is very satisfying to patient and physician. It is understood that where pus is present it should first be evacuated —surgical oedema, contusions, fractures, ecchymosis, and lacerated wounds, are always greatly enhanced in healing by the judicious use of the brush discharge. The pleasant part is the quick removal of pressure and the consequent relief of pain.

Most gratifying effects have resulted in severe cases of neuritis of the sciatic nerve, due to prostatitis. So-called lumbago, due to prostatitis (gonorrhoeal in origin) has been quickly and permanently cured by the brush discharge concentrated to the blue flame.

In conclusion, I wish to advise all physicians in possession of a static machine of such efficiency as herein described, and not valued for fancied pyschological purposes, to give the static brush discharge some practical use and collect large interest on the monetary investment.

THE CURE OF HERNIA.

Geo. D. Coe, M. D., San Francisco, California.

In the November number of the Journal Dr. Gere has an article on the Cure of Herna in which he depreciates the injection method and strongly favors the radical operation by the knife.

I would like to say something through the journal, in reply to the doctor and in favor of the injection method.

I have been using the injection treatment for the cure of hernia for about twelve years, and for the last eight years in California have made a specialty of this treatment.

From this experience I want to state a few facts in favor of the injection method, that I have learned in regard to the treatment from that best of teachers, experience.

I unhesitatingly say, from that experience, it is the best treatment for the cure of hernia so far known for proper cases.

The points of superiority the injection method has over the cutting operation are:

1st. Its certainty, for by it all proper cases can be quickly and permanently cured.

Proper eases: All reeent eases, as well as all eases of long standing, that have been properly retained by a truss, ean be eured by this treatment. This will be about 75 to 80% of the eases as they eome, leaving 20 to 25% that ean be eured only by the knife.

2nd. And perhaps the greatest advantage for the injection method is, that no time is lost from business or work, while undergoing treatment. I treated and eured two ship blaeksmiths who were at work at the Union Iron Works, and neither of them lost any time from their work on aeeount of the treatment. Also two stevedores, who worked every day while they were being treated. One of them over a year later passed the neeessary physical examination and was taken upon the eity poliee force.

Very few who are suffering from hernia ean afford to lay up from their work or business and lose the neeessary time for an operation, whieh eannot under the most favorable eireumstances be less than one month, with the chances, that it might be three or more before he ean work, in eomfort. This to some would mean the loss of his job, which in some eases would be an almost irreparable loss. I have many earn the money to pay for the treatment while being treated and very few, who are treated, have the money on hand when they begin treatment to pay for it.

3rd. There is little or no pain during or after treatment. I have sueeessfully treated ehildren less than four years old, and many men over seventy. Few surgeons will put a man over seventy on the operating table for sueh an operation.

I eured a Mr. Charles Wood, now at the Soldiers' Home, at Yountville. He was a soldier during the Civil War; is now seventy years old. He was a elerk in the Quartermaster's Department in the U. S. Army, at Manila, following the war with Spain. He beeame ruptured, and the Chief Surgeon at Manila deelined to operate on him on aeeount of his age. He eame to San Franeiseo in 1903 and began treatment in August of that year. Today he is an earnest advoeate of the injection method of euring hernia.

4th. People have a horror of the knife, and one hundred will avail themselves of the injeetion treatment where you ean induee ten to be operated on.

5th. The short time required to effeet a eure.

Treatments are given onee per week and on an average eight treatments will effeet a eure. And I am eonfident a fluid will yet be diseovered that will effeet a eure, in most eases, in one to three treatments.

Dr. Gere says, "statistics show that of cases treated by injection method, applied indiscriminately, about one-third are cured. Another third are benefited while the remainder are unchanged."

Taking into consideration the short time in which the injection treatment has been on trial, undergoing its experimental stage, I will say, that is a pretty good record. Better than can be said of the cutting operation.

Cases operated on by the cutting operation, taken indiscriminately, statistics show 40% of failure. Besides those who were not cured were in many cases worse off than before the operation. I have had quite an extended experience with this class of cases, many of which can be cured by the injection method. And there has been no time since I have been doing this work in San Francisco that I have not had one or more cases under treatment that had been operated on and failed to stand. I have three of this class of cases on hand at this time.

I have had within the present year one of this class of cases after I had treated him pass the necessary examination and taken upon the police force of the city. These examinations are most rigid.

From observations with the injection treatment, and in operations on cases where the injections had failed, and on cases where adhesions had formed, the following conclusions are made:

All recent cases as well as all cases of long standing, that have been retained by a truss, can best be cured by the injection method. All cases that have been neglected so that adhesions have formed of the sac or sack and omentum are only curable by the radical operation.

Where there is a hernia with an undescended testicle or any disease of the cord or testicle, use the knife, as it is the only means that will give satisfactory results.

I do not undertake to cure very fat persons with the needle, in cases of inguinal hernia, as fatty tissues will not hold, in cases. But an umbilical hernia in such persons can be cured, if the opening does not exceed three-fourths of an inch in its transverse diameter and adhesions have not formed.

Much more could be said on this subject, but I deem this sufficient for this time.

QUESTIONS CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS, SAN FRANCISCO, APRIL 5, 1910.

CHEMISTRY.

1. What is the poison in most headache powders? Its effect? Antidote?
2. Mention six elementary substances commonly used in their pure state in medicine.
3. What does the presence of an abnormal quantity of chlorine in drinking water indicate?
4. How would you detect the presence of bile in the urine? Give two tests.
5. Give the reaction, specific gravity, and percentage of fats in normal cow's and woman's milk.
6. Mention a secretion in the body that contains cholestrin, one that contains pepsin and one that contains trypsin.
7. What antidotes should be used in phosphorus poisoning? Explain the action of each.
8. Define and illustrate (a) capillary attraction, (b) absorption, (c) diffusion, (d) osmosis, (e) endosmosis.
9. In what principal form is nitrogen eliminated from the body? Give the chemical properties of nitrogen.
10. What is the chemical composition of the various renal calculi?
11. Mention one chemical antidote for each of the following: (a) Phenol, (b) arsenious oxide, (c) sulphuric acid, (d) mercuric chloride, (e) oxalic acid.
12. What are the distinguishing characteristics of urates and uric acid as found in the urine? Give test for uric acid.

PHYSIOLOGY.

Answer Ten Questions Only.

1. How and where is lymph formed?
2. Discuss sleep and its causation.
3. Discuss briefly the influence of the nervous system on the digestive secretions.
4. Describe the movements of the intestines during digestion.
5. Explain the effect of expiration on the volume of the brain. (b) Inspiration.
6. Discuss the formation, function and fate of glycogen.
7. What is the physiological difference between the brain of man and that of lower animals?
8. Under what circumstances may functional union be made between fibers of different nerve trunks? What practical value has this operation?

9. Give nerve supply and action of muscles concerned in the movements of the eyeball.
10. Do we determine the function of a nerve by the location or function of the center from which it comes or by its peripheral connections? Give your reasons.
11. What is the effect of a destructive lesion in the posterior limb of the internal capsule?
12. To what extent is the secretion of sweat under nervous control? Vascular?

HISTOLOGY.

Answer Eight Written Questions and Identify Slides.

1. (a) Name the structures found in red bone marrow; (b) Give the function of red bone marrow.
2. Draw diagram illustrating lung tissue, naming different structures.
3. Explain the difference between the mucosa of the endometrium and that of the vaginal portion of the cervix. Also make drawing.
4. Give structure of the tonsil.
5. From which germ layers are the following derived? Pancreas, spleen, large intestine, salivary glands, fat.
6. Draw transverse section of the brain, at a point just anterior to the pons varolii. Name most important parts.
7. Draw diagram illustrating a cell and name all the necessary constituents.
8. Describe the structure of the liver.
9. Explain the difference between the white and gray matter of the brain.
10. What are terminal arteries? Name organs which are so supplied.
11. Identify slides.
12. Identify slides.

HYGIENE.

1. Describe in detail the method of transmission of yellow fever.
2. What measures would you adopt to prevent the spread of typhoid fever during an epidemic?
3. What is septic tank? Describe construction and explain how it acts.
4. What sanitary measures should be adopted in caring for tubercular patients?
5. Name five of the most common intestinal parasites, and give a short description of each.

6. Give three ways of fumigating a room with formalin; also two methods with other disinfectants.
7. What effect have venereal diseases on the propagation of the human species? Explain.
8. How does the hook worm usually enter the human body? What means would you adopt to prevent its spread?
9. Describe the technic of vaccination and give the course of a successful case.
10. What is the period of incubation of the following diseases: Plague, smallpox, diphtheria, scarlatina, measles?
11. What is the object of placing traps on all waste pipes? What danger to health would arise if there were no traps?
12. Describe two types of water filter. What should be accomplished by a good filter?

BACTERIOLOGY.

1. What are the differences in structure, methods of multiplication sporulation, etc., between the blastomycetes or yeasts and bacteria?
2. What changes are produced on the culture media when bacillus coli communis is grown; (a) upon gelatine, (b) in milk, (c) in dextrose, (d) in lactose.
3. Describe the conditions necessary to successfully grow bacillus tetani and the appearance of a stab culture in agar or gelatine about the sixth day.
4. What is the difference between an antitoxin and a bacterial vaccine?
5. Name four (4) pathogenic anaerobic bacteria.
6. Differentiate between bacillus tuberculosis and bacillus leprae, taking into consideration staining, culture peculiarities, effect on tissues and relation to tissue cells of the host.
7. Describe briefly how you would make gelatine plate cultures, using material from a furuncle as the source from which to obtain the germ.
8. Name ten (10) pathogenic bacteria that are gram positive.
9. What do you understand by the opsonic index?
10. How would you sterilize (a) a culture tube of gelatine, (b) a glass container with rubber stopper, (c) a platinum needle in a glass handle.
11. Identification of cultures.
12. Identification of slides.

OBSTETRICS.

1. What zymotic diseases are liable to affect the pregnant and puerperal woman, and how?
2. How soon after the completion of the second stage of labor should the umbilical cord be ligated? How dressed? What are the dangers of improper dressing?
3. What injuries are liable to occur to the birth canal during labor?
4. Under what circumstances are anesthetics indicated in labor? What are the dangers?
5. What are the causes of premature rupture of the membranes? How does it influence the progress of labor?
6. How would you determine if a child is premature at birth?
7. Differentiate between retained and adherent placenta; the management of each.
8. What can be determined by external palpation of the pregnant woman at the eighth month? How should it be performed?
9. What are the so-called false pains of labor; differentiate from true pains.
10. Rupture of the uterus, etiology and symptoms.
11. Give the physiology of menstruation, of ovulation, relation if any.
12. What is inversion of the uterus? Diagnosis and management?

PATHOLOGY.

1. Describe the difference in the pathologic changes which take place in atrophy.
2. Give the pathology of tabes dorsalis.
3. Describe the gross and microscopic changes which take place in the spleen, liver and kidneys as a result of prolonged exposure to malarial infection.
4. What are the postmortem changes usually found in diabetes mellitus in (a) children; (b) adults of middle age; (c) adults of advanced age?
5. What is the average blood pressure in adults fifty to sixty years of age measured in millimeters of mercury; and describe the results if this pressure is exceeded for a considerable time.
6. In bony tissue what variety of malignant growths usually occur and why?
7. Under what conditions is cerebral embolism most likely to occur? What blood vessels are most likely to be affected and why?

8. Describe the local lesion caused by infection by anthrax bacilli; the general or systemic effects and state how infection usually occurs.
9. Describe the condition present in acute dilation of the heart. Give the immediate and predisposing causes and the usual final result.
10. State fully why urinary bladder disorders are so frequent and so resistant to treatment in both elderly men and in elderly women.
11. Identify 2 slides.
12. Identify 2 slides.

ANATOMY.

1. Trace cerebro-spinal fluid from the lateral ventricles to the spinal canal.
2. Describe the rami-communicantes.
3. Name the bones of the tarsus. Use diagram.
4. Indicate, on the diagram, the points of exit from the pelvis of the following nerves: external cutaneous, anterior crural, genito-crural, obturator, sciatic, pudic, superior gluteal.
5. Indicate, on the diagram, the course of the common, internal and external iliac arteries.
6. What veins are without valves?
7. What cranial nerves are distributed to muscles only, i. e., are motor?
8. Give topographical outline of the lungs and bronchi on the anterior chest wall. Use the diagram.
9. Give origin and course of the 11th cranial nerve as far as its exit from the skull.
10. What are the characteristics of arthrodial joints? Give five examples of this class of joints.
11. What is the ischiorectal fossa, how bounded and what does it contain?
12. When the arm is hanging with palm forward, what bony prominences at shoulder, elbow and wrist are normally in line?

GENERAL DIAGNOSIS.

1. Give the physical signs of a pleurisy with effusion.
2. Give the symptoms of bubonic plague.
3. Give the symptoms and physical signs of aortic insufficiency in the stage of failing compensation.
4. Give varieties, etiology and symptoms of cholera.
5. Give the symptoms of tabes dorsalis.

6. Describe a colles fracture.
7. Give the points upon which you would make a diagnosis of cancer of the stomach.
8. Describe "diabetes mellitus" and differentiate it from "diabetes insipidus."
9. Differentiate rubeola from scarlet fever.
10. Describe the secondary lesions of syphilis.
11. Give the symptoms of a transverse myelitis.
12. Give the symptoms of cholelithiasis.

GYNAECOLOGY.

1. Give the conditions justifying operative measures in fixed retro-displacement of the uterus.
2. Describe a pelvic haematoecele and give the usual cause.
3. What is the pathology of pelvic cellulitis and what are the physical signs?
4. Name the most important cause of sterility.
5. Differentiate between a pudendal hernia and a pudendal haematoecele.
6. What do you understand by the operation for perineorrhaphy?
7. Give the etiology and pathology of chronic endocervicitis.
8. Describe a case of carcinoma uteri and give some of the most prominent physical signs.
9. Discuss the matter of relative prognosis of cancer of the body of the uterus and cancer of the cervix.
10. Describe the mode of use and purpose of a vaginal tampon.
11. Differentiate between herpes of the vulva and chancre.
12. Name the muscles of the perineum and give the functions of the perineal body.

DR. A. F. STEPHENS.

By E. R. Waterhouse, M. D., St. Louis, Mo.

In the world's history of events, we note two important happenings upon March 17. The first instance was the birth of the great St. Patrick, which will long live in the memory of the Irish, and second was the birth of our staunch Eclectic brother, Dr. A. F. Stephens. Both of these men were great masters in their divergent callings, St. Patrick as a snake charmer and Dr. Stephens as a most aggressive exponent of Eclecticism, and whose writings are familiar to all Journal readers, he being a very able contributor to medical literature.

Dr. Stephens has fallen into the habit of eelebrating his birthday onee in fifty years, as probably many of you know from the pretty little leaflet that announced his last effort, when upon the evening of March 17, ten of his most intimate eollege associates paid him a visit whieh will long be remembered by those present, and in fear that some unforeseen event might prevent their attendanee at his next bi-centennial eelebration, the whole ten were on hand with their appetites when the supper bell sounded.

Dr. Stephens elaims to be a direet deseendant of the good old puritan stoek who laid the foundation of this glorious country, and that his father was a preaeher of note in years gone by, and which largely aeeounts for his loyalty to the sehool of Amerieau Medicine (whieh name it should bear instead of Eclectie). But upon this oeeasion a parchment was presented bearing a huge green seal and embellished with the shamroek and shillalah, and signed by the parish priest, attesting that he was born in County Mayo, Ireland, on Mareh 17, 1860, and expressing a wish that he might be as great a man as was St. Patriek, whieh doeument knoeked Dr. Stephens eompletely out of line with his genealogical reeords. Sueh a sumptuous supper as was plaeed before his friends upon this occasion shows Dr. Stephens' sharp eye for business, but he argued that a stomach should be able to stand sueh a layout onee in fifty years. There were all the good things imaginable to eat, with beer for the German, wines for the Frenehman, whisky for the Irish and soda water for the tenderfoot, whieh was followed by aspirin and headaehe powders the day after the night before. After passing resolutions to be with Dr. Stephens again at his next fiftieth anniversary, we departed for home on the owl ears, all being able to walk in normal line. Dr. Stephens was the recipient of a silver loving eup from his friends valued at something less than a hundred dollars. Let us all wish Dr. Stephens another fifty years.

SURGICAL SUGGESTIONS.

A young and apparently healthy man with tendo-synovitis should always be suspeeted of gonorrhea.—Ameriean Journal of Surgery.

Shallow, eatehing, irregular breathing is eharacteristie of diaphragmatie inflammation—either peritoneal or pleural.—W. Ameriean Journal of Surgery.

In immobilizing the knee-joint the patient is more eomfortable and better relaxation is secured if a very slight degree of flexion is maintained.—American Journal of Surgery.

MERRY-GO-ROUND.

Air—"Let Harmony Prevail."

Toot! Toot!

Here comes the good old coffee pot,
All loaded to the brim!
They've brewed a cup of coffee,
That'll fill you full of vim;
In dreams you'll see the Billy Goat,
A hangin' on a limb,
And the candidate a beatin' it for Georgia.

Draw One!

Fruitvale, Fruitvale, oh such a pretty name!
Fruitvale, Fruitvale—perhaps a little tame,
But, oh, that lovely coffee!
It's enough to give you fame,
All the way from Fruitvale to Georgia.

(The Same, Please.)

More Sugar!

Then fill the cup, the steaming cup,
Until it doth run over;
Rah! rah! yum! yum! oh, hear 'em hum-m-m,
Like bumble-bees in clover!

(Another Cup.)

Dinner song for Fruitvale Temple No. 30 Pythian Sisters and Brothers, written by our friend Dr. C. N. Miller.

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UNITED WE STAND, DIVIDED WE FALL.

A good many years ago the writer attended a public school where McGuffy's readers were in vogue. And quite well do we remember some of the stories printed therein, especially those that partook somewhat of the characteristics of the fable. Recently one of these has repeatedly come to our mind, doubtless suggested each time by its appropriateness to the present status of medical matters.

This is the story:

There is a picture of a man with a bundle of sticks in his hands and surrounded by a number of boys. At the suggestion of the man each of the boys has exerted his utmost strength to break the bundle of sticks, but failed. Unanimously they agree that it cannot be done. Then the man loosens the cords that bind the separate sticks into a bundle and quite easily breaks them one at a time. Some of the boys grasp the lesson and realize the necessity of unity and cooperation and organization, but others see nothing more than a rather uninteresting trick.

The story is an old one and may be forgotten of men, but the axiom taught is indestructable. United we stand, divided we fall.

This is the season for the annual meeting of our local, state and national societies. Are you a member? Doubtless you have a reason, but is it a good one? Is it one that the cashier of a bank would accept for the failure to meet an obligation? Better think it over! You need us just as much as we need you!

BEDSIDE VS. LABORATORY.

Dr. A. F. Stephens, St. Louis.

The dominant idea underlying the regular practice today is that laboratory experimentation upon healthy animals must prove or disprove the curative power of drugs. The regular practice virtually ignores bedside observation of the action of remedies upon unhealthy or diseased conditions. It practically ignores the vegetable remedies and confines itself to the mineral drugs and animal serums. The laboratory expert administers a drug to a healthy dog in what he terms physiological doses, i. e., in doses large enough to poison the dog. From the effects which he observes upon the sick dog he presumes to judge of the therapeutic action of the drug used. From this he predicates its action upon disease conditions in the human subject. And, mind you, this decision is rendered by men who have no practical experience at the bedside—have never studied drug action as applied therapeutically for its remedial effect. In connection let me assert: No therapeutic action of drugs can ever be established through their poisonous effect upon animals, but by their effect in small, medicinal doses upon disease conditions only. Neither can the vivisectionist gain anything by the torture of helpless animals. Certainly he does not learn anything which aids him in curing the sick. Can he prescribe a remedy for disease of the heart with more precision because he has laid bare the poor creature's heart and observed its action in the living body? Can he relieve a pulmonary congestion with any more certainty by cutting away the thoracic wall and observing the alternate contraction and expansion of the lung? Is he prepared by any of these practices to do the work of a physician? Is the laboratory physician capable of advising the young man just starting in the practice of medicine? The regular school ignores bedside investigation of drugs? It ignores the action of remedies upon disease conditions. It experiments with drugs in poisonous doses, thinking to establish their therapeutic uses. It knows nothing about the action of remedies when given in small, non-poisonous doses for their direct effect upon disease conditions. It has no knowledge of the kindly

action of drugs. Its treatment of the sick today is as harsh as it was a hundred years ago, only it has assumed a different form. It has no knowledge of the conservation of the life forces, but acts contrary to natural laws. As in the olden time the doctor punished the sick with his infernal concoctions and massive doses of death-dealing drugs, unable to comprehend a kindlier method; punished them until there arose such a popular furor that a new practice of medicine was called into being; so now does the regular school see nothing in medicine but the falsely named physiological (poisonous) action of drugs and it takes its evidence from the effect they have upon a healthy dog or other animal. To it the action of the small, curative, non-poisonous dose is unknown. It is just as far from the true knowledge as was its forebears of a hundred years ago, and it is no nearer a realization of that fact than were they. It begins its deductions from false premises and is therefore bound to arrive at faulty conclusions. The poisonous action of a drug as shown upon a healthy animal bears absolutely no relation to its therapeutic action in non-poisonous, curative doses upon disease conditions.

For nearly a century the Eclectic has sat by the bedside of the sick, observing disease phenomena and giving his remedies in small, non-poisonous, kindly-acting doses, watching their effect upon the patient; observing what symptoms disappear after the administration of a remedy; noting the effect upon the different organs of the body; trying them again and again, proving them utterly. The evidence is reliable and available. He is still pursuing the same line of investigation, dealing largely with the remedies derived from the more highly organized plant life. He leaves the laboratory experimentation to his neighbor, for he knows that such experiments are absolutely unavailable when it comes to dealing with pathological states, and what he desires is to cure the afflicted. He realizes there is much to learn which can be learned only by the closest observation and attention in the sick room. The Eclectic follows a practical, observing course in his study of medicine. In the use of powerful and energetic agents, those which poison and cause death, he feels his way carefully by the small, non-toxic dose, looking always to the safety and welfare of the patient. He has respect for life in whatever form manifested, even in the lower animals, and studies how to conserve it. In the use of those drugs which lead to drug-addiction and the moral and intellectual degradation of their victims, he is extremely guarded. His aim is to do all he can to relieve suffering and leave no lasting ills of his own making

behind. He studies medicine in the only rational way, i. e., observing its effect upon the sick when administered in proper medicinal doses.

The laboratory practice leads to erroneous conclusions, disease and death; the intelligent bedside practice to restoration of health. The one leads to chaos in medicine, the other to certainty in medicine and faith in the action of remedies. One leads to torture, to no purpose, of thousands of helpless animals, the other to studied attention at the bedside of the sick. One leads to confusion and doubt, the other to success in the practice of medicine. One offers the sick a harsh, poisonous, destructive treatment, the other a kindly, humane, non-poisonous, curative treatment. The one leads to distrust of all remedies and nihilism in medical thought, the other to a positive knowledge of the properties of medicines and faith in their power for good. "Choose ye this day whom ye shall serve."

The present time is propitious for a renewal of the faith which is in us. It is a time for the spreading of the gospel of Eclecticism. If ever there was a time when our light should not be hid under a bushel, but should shine forth as a beacon to all mankind, that time is now. Let every Eclectic do his duty. Let him faithfully maintain what he knows to be right. Let him be undaunted and unafraid. Let him be a teacher and the profession of medicine will be lifted out of the darkness into which it has been plunged by the regular school. Let us preach Eclecticism—the positive, kindly action of drugs in small doses as proved by bedside experience, for it is founded on logic and common sense.

Let me sound another warning note. Let us not run after the strange gods which present themselves in the form of fads. They are only makeshifts and lead away from the true path. Their creators are as the blind who would lead the blind. Verily, they shall all fall into the ditch.

Let me repeat, if ever there was a time when Eclecticism had an opportunity to prove her worth it is now. She has everything to gain by an unwavering faith in her work. She has shown in the past a steady upward course in the direction of ultimate attainment. Let her continue in that course.

Remember, the advocates of laboratory practice have nothing to offer Eclecticism. They are groping blindly in the labyrinth of absurdity. Be warned of them. If we are right, and we are right, what be the difference whether we be popular or not? Had the great souls of all the past been afraid to stand almost alone in what they knew to be right we would

be no farther advanced along the path than the breech-cloth and the stone ax.—E. M. J.

EXTRACTS FROM ADDRESS BEFORE SPECIFIC MEDICATION CLUB, SEPTEMBER 9, 1909.

By G. W. Boskowitz, M. D.

After congratulating the society upon its fine attendance at this opening meeting, Dr. Boskowitz said:

"First let me report to you the results of the examination of our students before the State Board. I know that you have all been anxious to hear the result of this test before the single board which now controls the licensing power of this State. With the elimination of materia medica and therapeutics and the substitution of bacteriology and with but one representative of our school on the board, some fear was excited, and I think some have even been hysterical as to results. But your fear can be abated and you will rejoice when I tell you that we graduated a class of eight last year, that eight took the examination in June and that eight have their State licenses. And this reference to the examining board brings to mind two important points I wish to bring before you—government control of medicine and the elimination of materia medica and therapeutics from the curriculum. Have you ever stopped to seriously consider how this matter of government control of medicine is ultimately going to interfere with the vested rights of the people, and interfere with you and me and every other honest practitioner who is not backed by strong political affiliations or connected with the laboratories of large universities. You are already feeling this influence as exercised by local boards of health in sending presumably their diagnostician to your cases to vaccinate your patients, inject their antitoxins, etc. They have even gone so far as to deprive persons of their liberty. In the elimination of materia medica and therapeutics from the State examinations they have belittled this important subject, and the people generally are led to lose faith in medicine and seek other means of cure. The present leaders in the majority school are trying to force upon the people their laboratory products to the exclusion of drugs and medicines, the medicinal value and therapeutic action of which has been proved empirically.

"Yet more positive and better to be relied upon than the results of the experimenters. They may ascertain the amount of poison necessary to kill a healthy animal, but the other method records the use of the drugs in the treatment of sick human beings. It is not a hunt to see how much poison the

system can stand, but how little of the drug it may take to relieve diseased conditions. In my opinion the pendulum is ready to swing back. For the past few years we Eclectics have been passive—the direct abuse and ridicule of former years having ceased—the invitation to our men to join the regular ranks, etc., has made us sluggish and unmindful of the danger of being coddled to death and unmindful of the people's rights. We have been passive, but the rank and file of the old school are awakening to the danger. There is a mighty undercurrent, amounting almost to a rebellion, in the old school itself. Whether it is simply a question of self-preservation or the broader principle of the rights of the people makes no difference. We Eclectics who have so much to offer should take advantage of this state of things—give more publicity to our great work in this neglected field, show to these men, dissatisfied with the arrogance of laboratory workers, that we have been, and are at this time, gathering the facts in therapeutics by the careful observation of the action of drugs at the bedside.

"We should also remember that to accomplish a reform or to stop an abuse we must enlist the sympathies and cooperation of the people—yes, the 'common people,' for they are, after all, the ones who control the government in this country. The pioneers understood this well, for we find many pamphlets issued by them to the people.

"Times have changed, and the methods of the fathers have been improved upon. We have a better knowledge of medicine—a pleasanter medication—and why not exploit it more. Let it be known that we have faith in our medicines. You ask me how shall we accomplish this? I will tell you. Let every member of this club realize his individual responsibility and when he accepts an appointment to read a paper, accept it seriously, so that there may be no disappointment so far as the essayist is concerned at our meetings—and then, in place of confining our invitation to members only, invite physicians of other schools. Yes, I would even invite the laity. I want to close these remarks, for I see by the program that there are two essays to follow and I have already occupied more than the alloted time."—Eclectic Review.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Ecleetic Medieal Soeiety of the State of California, meets in Los Angeles, May 24, 25, and 26, 1910. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Seeretary.

Southern California Eelectic Medieal Association meets in Los Angeles on May, 10, 1910. Q. A. R. Holton, M.D., Whittier, President; M. Blanehe Bolton, M. D., San Pedro, Secretary.

Los Angeles County Eelectic Medieal Society meets at 8 p. m. on the first Tuesday of eaeh month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Soeiety was held on April 5th at 7:30 p. m. at the college. The attendance was not so large as usual.

In the absenee of the president, the viee president, Dr. O. C. Welbourn, presided. The regular routine business was transacted and plans for the meetings of the Southern California Society discussed. Dr. Finch, essayist for the evening, was unable to be present.

The next meeting will be held on May 3d at the same hour and plaee. Dr. Fineh will read a paper and Dr. Solomon report a clinieal case.

Adjournment.

O. C. WELBOURN, M. D., Viee-Pres.
P. M. WELBOURN, M. D., Secy.

NOTICE OF MEETING.

The next meeting of the Southern California Eclectic Medical Soeiety will oeeur on May 10 at the College, 10 o'clock a. m.

See program in this issue.

The prospeets are good for a large attendanee and a lively meeting. Every Eclectie and his wife and other friends are expected to be on hand and help to boost. This means YOU.

Q. A. R. HOLTON, Pres.
M. BLANCHE BOLTON, M. D., Seey.

Program for the meeting of the Eelectic Medical Association of Southern California to be held in the College auditorium, May 10, 1910, beginning at 10 o'cloek a. m. sharp.

1. President's Address - - - - Q. A. R. Holton, M. D.

2. Our College _ _ _ _ _ _ _ J. A. Munk, M. D., Dean
   Discussion opened by _ _ _ P. M. Welbourn, M. D.
3. Co-operation of Physiological and Psychological Laws in the Cure of Disease _ _ _ _ Jas. Beard, M. D.
   Discussion opened by _ _ _ _ E. R. Harvey, M. D.
4. Indications for Gastro Enterostomy.—O. C. Welbourn, M.D.,
   Discussion opened by _ _ _ _ A. J. Cranee, M. D.
5. Perforating Ulcer of Stomach, With Clinical Report _ _ _ _ _ _ _ _ _ _ _ _ _ _ L. A. Perce, M. D.
   Discussion opened by _ _ _ _ G. W. Finch, M. D.
6. A Case of Scarlet Fever Complicated with Diphtheria _ _ _ _ _ _ _ _ _ _ _ _ _ _ A. P. Baird, M. D.
   Discussion opened by _ _ M. Blanche Bolton, M. D.
7. The Destiny of Man _ _ _ _ _ Ovid S. Laws, M. D.
8. Gynecological Electro-Therapeutics _ A. O. Conrad, M. D.
9. Veratrum _ _ _ _ _ _ _ _ _ Orin Davis, M. D.
10. Epidemic of Measles Following Bronchitis _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ J. C. Solomon, M. D.
11. Urinary Calculi _ _ _ _ _ _ B. R. Hubbard, M. D.
12. Consumption _ _ _ _ _ _ _ M. S. Aisbitt, M. D.
13. Materia Medica _ _ _ _ _ _ _ G. W. Finch, M. D.

HO! FOR LOS ANGELES.

Dear Friends:

This is the last opportunity I shall have of addressing you before the meeting of our State Society. I have made rates with the Southern Pacific to take us for one and one-third fare. In order to get the benefit of this reduction it will be necessary for us to have fifty in attendance who have come via the Southern Pacific. You who live near Los Angeles please buy your ticket over the Southern Pacific in order to help us who live farther away. It will make a difference to myself and wife of $21. Come and bring your friends.

When purchasing a ticket of your local agent take his receipt. This will entitle you to return for one-third fare. Remember that you pay full rates to Los Angeles.

Now, friends, you have all been requested to contribute something for this meeting. We want to know something of your failures, we want to hear of your success. The Eclectic school of medicine has a wider field of action than any other school. We are bound by no strait-jacket rules but are free as the air we breathe to choose and select from whatever source we can. Once we were persecuted and we grew. Now we are offered the glad hand and some of us are becoming apathetic. We are told the lion and lamb should lie down

together. That is true, but we object to the lamb being inside the lion. Think of the amount of capital invested in our colleges and the heritage left us by those who sacrificed their all for the cause that was true and for a principle that revolutionized the practice of medicine.

We are here to stay and we are going to take on new growth. We are going to build up the California Eclectic Medical College—this grand old college that has a record of which we are proud. She has met with reverses and disaster, but she shall rise again. Her instructors are the peers of any in America. They are abreast of the times and they will fit the young man or the young lady for the great vocation of his life work.

In my opening remarks I shall say something about the man without a home. Is my meaning plain?

J. T. FARRAR, M. D., Pres.

NEWS ITEMS.

Dr. F. J. Peterson, Lompoc, accompanied a patient to the Westlake Hospital recently.

Dr. J. A. Munk and brother, Judge Monk, have returned from a trip to their ranch in Arizona.

The various professors in the California Eclectic Medical College are finishing their year's work, giving final examinations, etc., preparatory to the commencement, which will be held on May 24. The past year has been most successful in every way.

Dr. Perce, Long Beach, has been on the sick list for a few weeks, but is convalescent now.

The prospects are favorable for successful and interesting meetings of the Southern California Society and the State Society, which will meet in Los Angeles in May.

Specimens of many more Eastern wild medicinal plants have been received recently from Dr. H. L. True of McConnelsville, Ohio. They have all been carefully planted in the college botanical garden and are making a good start. The garden is flourishing.

Letters from many sources denote a revival of interest in the cause of Eclecticism. All are a unit in advocating a larger attendance and greater interest in the meetings of the local, state and national societies. The indications are favorable for an unusually large attendance at the coming meeting of the National Eclectic Medical Association in Boston, and the Pacific Coast should be represented by a large delegation.

Los Angeles County Eclectic Medical Society,

Los Angeles, California.

Greetings:

The Illinois Eclectic Medical Society meets May 25, 26, 27, 1910, at the La Salle Hotel, Chicago, and extends an invitation to any and all members of your society to meet with them and help to make this the most successful meeting they have ever had. It is hoped that your next meeting will be as successful as this promises to be, and that our societies may grow in number as they do in enthusiasm. With best wishes,

Fraternally,

ILLINOIS ECLECTIC MEDICAL SOCIETY.

Richard Jay Lambert, M. D., Cor. Secy.

The Missouri State Eclectic Medical Society will hold its forty-first annual meeting at St. Joseph, Mo., on May 24, 25 and 26, 1910.

Dr. Jerman, La Canada, called recently. The doctor's health is very much improved since moving to his ranch.

Dr. H. S. Turner, Pomona, is feeling better now, and is taking care of her office practice.

Dr. George W. Moore of Parsons, Kansas, has been spending some time in California. He is thinking of taking the State Board and locating in Los Angeles in the near future.

NOTICE.

The meeting of the National in Boston has been changed from June 21-24 to June 28, 29, 30 and July 1, 1910.

READING NOTICES.

HIGHEST THERAPEUTICAL VALUE.

Dioviburnia has stood the critical test of the most exacting physicians for years and has been pronounced of the highest therapeutical value. Can always be relied upon in all functional disorders of the uterus and appendages, whether acute, sub-acute or chronic.

NUTRITION IN ANAEMIAS.

Defective or unsuitable food supply is one of the most frequent causes of anaemia. It is clearly manifested that not

only must we see that there is an adequate and suitable supply of food, but we must look also to its digestion and assimilation in order to obtain the benefit of the iron which it contains. The digestive secretions in these cases are apt to be defective both in quantity and quality.

The gastric mucuous membrane is atonic and enfeebled; its functions of digestion and assimilation are at low ebb, sometimes entirely abolished; in other words, anaemia is but part of the condition of which malnutrition malassimilation and faulty metabolism are the essential features. It will be seen that it is necessary in any rational treatment of these cases to awaken the dormant, torpid, nutritive functions, and restore them to physiological activity. The atonic, enfeebled condition of the digestive mucuous membrane, must be remedied. The abrogated digestive and assimilative functions must be coaxed into a proper performance of their duties by something which has a direct selective influence upon them. Until this is accomplished, ordinary food, the natural restorative as well as the natural source of iron, cannot be utilized. With restored activity of the digestive and nutritive functions, the assimilation of iron and food is assured. The stimulant and restorative action upon the digestive organs of supplied blood, has already been shown in many cases and it is indicated as the only rational remedy to restore the atonic, enfeebled digestive powers, and raise the blood to normal quality. Bovinine, being perfectly preserved arterial bullock's blood, must of necessity contain every element of nutrition in the proper proportion. One strong point in its favor in the treatment of anaemia is that it requires hardly any digestion, but is immediately ready for assimilation, thereby giving the stomach absolute rest.

The extract of cod liver oil used in the preparation of Hagee's Cordial of the Extract of Cod Liver Oil Compound, is made under such conditions that the medicinally active principles of the oil are separated from the fatty materials without in the least changing their state of combination or solubility, so that even the most complex specific lecithine of cod liver oil is contained as such in the extract and transferred unchanged to the cordial.

Clinical experience with Hagee's Cordial, (an experience which has now extended over many years throughout the United States) justifies the assertion that its therapeutic indications are precisely those which belong to cod liver oil in its natural condition.

The California Eclectic Medical Journal

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Original Contributions

VIVISECTION.

By Herbert T. Webster, M. D., San Francisco, Cal.

Without question vivisection has been some benefit to experimental surgery. It is a question, with strong probabilities in the negative, that it has ever been of any benefit to experimental therapeutics. The very fact that surgeons operate on animals to develop new surgical ideas is an admission that the animals operated on are similar in structure and constitution to the human animal. They feel and suffer; and though their lives may not be counted so valuable as human lives, their wanton destruction is inexcusable, and the unnecessary suffering entailed by vivisection without anesthesia is barbarous, and marks sadistic impulses in those inflicting it.

The general attitude of the profession toward vivisection of animals has been favorable, but the general impression has been that it has been carried on universally under the most humane auspices. It seems, however, that in some instances the privilege has been most horribly abused. There is indisputable evidence on record that some vivisectionists have carried on their work without anesthesia, with other disgusting details. An eminent example of this kind has lately been exposed by the New York Society for the Prevention of Cruelty to Animals, and the offender is the Rockefeller Institute. The director of that Institution, Dr. Simon Flexner, has admitted that anesthetics are not always employed in its researches.

Worse than that, employees of that Institution relate under oath that dogs have been dissected under complete consciousness, strapped down to prevent struggles, and beaten with rubber hose in the meantime to quiet outcry. This is a sad commentary on the benign art of healing—a blot on the name of the medical profession.

Worse remains to be told. Legs have been amputated from dogs and the dismembered animals have been allowed to run about on two or three legs without care until death terminated their sufferings, unless kind nature completed the healing of the stump or the creatures died early from hemorrhage or septic poisoning. No wonder that humane societies

should raise an outery. The profession has received a most merited rebuke. The perusal of this exposé will naturally arouse sentiments of disgust and antagonism toward the medical profession wherever it is read, unless among those of the most extreme callousness. The whole profession will suffer unless it puts itself on record as opposed to such heartlessness.

That science cannot be benefited by these exhibitions of cruelty becomes more and more apparent when further details are submitted. Dogs taken off the street without cleansing, teeming with filth, parasites and mange, are put upon the table and subjected to operations. What contribution to science such measures can afford seems difficult of explanation. There is no doubt that laws will have to be passed to put a stop to such wantonness. The time has come when human nature cannot be relied upon to do the decent thing with dumb brutes. Cruelty to domestic animals is an old offense, but the medical profession has been allowed to do about as it pleased with vivisection. It seems, however, that even the learned and dignified medical profession, which is asking so many things of legislation for its own protection, and the protection of the people, cannot be trusted to do the decent thing by animals.

While the trust is lobbying for medical laws let it see to measures which will secure it from the odium of barbarities which shock every civilized being.

A NEW PROBLEM.

By E. Mather, A.M., M.D., Ph. G., Detroit, Mich.

The want of an association devoted to the medical profession has long been felt; and the question bearing most potently on this problem, who will undertake the enterprise, with a liberal and progressive spirit for harmonizing and drawing together the membership of physicians of the land with such practitioners of medicine, surgery, hygiene and therapeutics as are ever ready for the exchange of ideas that may lead to the development of new medical discoveries by which to relieve human suffering and prolong life and the pursuit of happiness; and, we rejoice to see so many noble, cultured and scientific explorers in the Arcanium of nature and study of nature's laws and to find they have not hidden their talent from the world through which to convey to the world their discoveries and experiences in a proper form and a channel that should benefit those who deserve and appreciate the object lessons painted so that all may read them as they run.

Now this fertile land of fruitful experience has led many physicians to see the good of societies for protection, and the advancement of their interests in reciproeal and soeial relations which are embodied in the medieal society, composed of members and fellows, who at all times advoeate the liberal and common sense principles of "give and ye shall receive" information that will "bring tidings of great joy" to the people for "the healing of the nations" which will fortify them against the destructive tirades and vindictive anathema of sectional and personal prejudices, low envy and jealousies in their successful competition in the professionial duties of their every day calling, and build from the broad pedestal of worth a congenial and harmonious association whose reciproeal council and zealous ambition for medieal attainments and superior knowledge in all branches of medieine shall lift its brotherhood so far above the little and belittling ploddings of professional animosities that even its discrepancies, if any should appear, would be considered as only an umbriated ray from the sun of righteousness thrown upon their pathway to temper the order of hope and give proper exultation over a prosperous and enviable issue of perfecting studies.

Now we are following the older nations in customs as fast as those customs can become Americanized and national prejudiees rubbed off and a finer polish applied, to which we add a nickel plate finish for effect and which too often pass for sterling silver.

And now we stand exultingly by to echo the vibrating tone of laudeum in dieta and accept the praise; still when we try to think what knowledge and power progressive civilization may give to the future in the superior intelligence gained from coalition with foreign customs; and still we fail to conceive the great advantages thus obtained, until social intelligenee which develops individual intelligenee by association, has wrought out a harmonious plan of concerted action, Pro Bono Publieo.

The Ameriean progress in seience and arts is becoming more noted the world over and commanding the attention of the nations of Europe, yes so much that the most erudite philosophers and statesmen of the world (as we style them) begin to look towards Ameriean enterprise as a national blessing of great promise, yet we who strive to imitate and surpass the scientific attainments of those old masters who have been the delight and guide of succeeding generations for hundreds of years past can look back and see many examples in the varied avenues of life and repeated in history. Formulated

principles of learning that we are too slowly accepting but which is nevertheless shaping gradually and grading the future highway of learning in literature, science, law, arts and medicine, the latter to which our attention is more directly called is that while we have acquired some new principles or found some new discoveries and perhaps clothed some old formula in a fine new dress.

We have now departed from such old landmarks.

Now the very old wide range of study required to familiarize the student of today with the multiplied branches of medicine, surgery and therapeutics leads to the application of a few of those branches as a specialty in which the student becomes expert, and which enables him to excell and develop into wonderful proficiency.

While the student attempting the more general and elaborate course of study is left far behind in the race for distinctive proficiencies.

It is with this view of higher intelligence to be gained by social intercourse through the American Eclectic Materia Medica Association* as a medium to gain superior and distinctive proficiency in the various and multiplied branches of medical science that the fellows fill and if we can inspire one new thought, clothe old ideas in a fine new dress that should tend to the relief of human suffering through the prescriptive forms and intimations of how it might be, could, would or shall be done, we shall feel that the association's labor is not lost.

The earth was made for man's habitation; the green fields, flowery meadows, fragrant woodlands, streams and lakes, gradation of change, spring, summer, autumn and winter, all are designed for his good, his happiness, his longevity, but they are subject to certain laws which are immutable; to many of them we have become so accustomed they seem a part of our nature, while many of the most important laws are violated with consumption, burned up with liver, eaten up with cancers, putrified with mortifications, suffocated with asthma, strangled with quinsies, or poisoned with the Cup of Excess and rocked to death with disorders so loathsome and accidents as various as pen can portray.

Now let us here look around us and contemplate our relation to our fellowmen and our duties to society and ourselves and see if aught can direct us to health and the purer blessings of life.

Remember, you are a fellow, let each one get another, for each one has some new ideas.

*American Eclectic Materia Medica Association. Or-

ganized October 23, 1901. Secretary and treasurer, Arthur Weir Smith, A.M., M.D., Chicago, Ill.

DYSPEPSIA.

Henry Lasher, M.D., Rogers Park, Chicago, Ill.

Our Chicago colleague, Prof. N. R. Graves, treating of Dyspepsia in the first number of the New Quarterly, places the first cause of this common malady as over-eating. That ubiquitous genius Woods Hutchinson, writing to a magazine recently says that nobody eats too much but that many eat too little.

We need not here recognize a diversity of views on the same subject but simply a different point of view, each gentleman faithfully presenting the case as he sees it. Dr. Graves practices his profession in Chicago, where food products from the golden west, the rich southland and the teeming north, the cattle-covered plains, the fruitful truck farms and the broad acreage of the corn and wheat regions, all pour their treasures into the great western metropolis. Dr. Hutchinson resides in New York, the gateway of the nation, into which pours a ceaseless flood of the half-fed denizens of the old world, and out of which sails a never-ending fleet bearing to the shores of Europe the food that keeps alive her close-massed population. I never met either of these worthy men but do not doubt but that Prof. Graves is rosy and a bit rotund about the equator, while Hutchinson is lean and cadaverous as the original Cassius (surname mislaid).

Both are right and wrong. Some persons eat too much, because they are unwise; many eat too little, because they are unable to obtain more. Each derives a train of woes from his unhygienic digestive habit.

We never eat too little or too much, but just enough; we carefully avoid fads and eat something of whatever the good wife sets before us and never, never fail to praise her service. She says we are the easiest and the hardest man in the world to provide for, since we like everything some and nothing very much. But we are on the best of terms with our stomach and unconscious of the possession of a liver.

There's a good deal more in Prof. Graves' paper. He blames dyspepsia on hurry and worry; lack of proper mastication; excessive indulgence in meat and fats; irregularity in meals, improper and badly prepared food; tobacco, alcohol, coffee, tea and chocolate; very hot or very cold food, and the state of the teeth. But Prof. Graves fails to tell us how to prac-

tice medicine in Chicago and avoid these bad habits. People will get sick and call us from our meals, or have babies at night when they might just as well have them during church time.

Prof. Graves is a therapeutist of unusual acumen. He gives a well-merited word of praise to the grape-fruit. For hyperacidity with stomach pain he gives charcoal, soda and papain, or adds to this xanthoxylin. He has a good word for Abbott's sodoxylin, in which I concur. For atony he combines nux, hydrastis and glycouda. The latter is new to me, but my hat goes up when he advises soda succinate for paroxysmal pains about the stomach. I got this from the alkaloidists years ago, and have found it so widely applicable that I wonder what stomach troubles it won't cure. Recently Dr. Abbott has given me back an old Eclectic remedy I had allowed to fall into unmerited neglect—dioscorein. I do not use it in the worst stages of gallstone colic, but after the severe pain has been abated but not entirely, when we do not care to give any more morphine, chloroform or hyoscyamine, dioscorein comes in handy I give one-sixteenth grain in hot water every ten to thirty minutes, and find it too good a remedy to lose.

Dr. Graves has taken up one of the commonest of diseases, one every doctor has constantly to fight, and he has given us so good a paper on it that I hope he will give us more.

URINARY CALCULI.

B. R. Hubbard, M.D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Society.

The formation of urinary calculi may be found in any portion of the urinary tract and is of common occurrence among people of uric acid diathesis and others who for a long time drink freely of waters containing large quantities of lime salts.

As a result of urinary derangements, primary or secondary to a disordered state of the digestive organs, there is a deposit of extraneous matter from which sooner or later, a nucleus is formed around which layer after layer of uric acid or lime salts are collected until a "stone" of large size presents.

After the calculus has developed to the size of a small marble or larger, its presence excites irritation of the urinary mucous membrane, causing pain and reflex irritation throughout the entire urinary track. The urine soon becomes ammoniacal and clouded with particles of mucous giving off strong odors during its voidance. The formation of urinary gravel in early life is generally of the uric acid variety, and it is the most

common form met with in advanced life when a history of gout and rheumatism is often obtained from the patient.

Calculi of large size form in the pelvis of the kidney and in the urinary bladder giving rise to a heavy dull pain in these organs, besides causing marked functional derangements in nearly all cases with occasional hemorrhage.

It has been observed by surgeons of large clinical experience that males are more subject to the formation of urinary calculi than are females. The cause is difficult to explain as the anatomical structures are about the same and the habits of life are essentially alike, differing only in certain dietary rules and regulations.

The presence of a calculus the size of a pea in the bladder will often give rise to functional wrongs that could not result from a larger one; chief of these is the blocking of the internal end of the urethra, preventing the voiding of urine for the time. Small calculi are often found in large numbers both in the pelvis of the kidneys and urinary bladder, while large ones are usually found single. Cases are on record where vesical calculi have been removed weighing over a pound. The larger stones are generally of uric acid formation and present a rough granular outer surface, while the smaller ones, formed mostly of oxilates and phosphates, are either smooth or earthy and very friable.

Not infrequently a small calculus will start down one of the ureters from the pelvis of the kidney and become impacted at some point between that organ and the bladder, causing partial or complete obstruction of the urinary duct and an overflow into the pelvis of the kidney of urine, giving rise to a morbid condition called hydro-nephrosis. In marked cases of this affection a decided fullness soon appears in the region of the affected kidney which upon palpation proves to be soft and fluctuating, without other symptoms than perhaps some tenderness.

In cases where only one kidney and ureter is affected from this cause the morbid state may last over a considerable period of time before the patient suffers serious systemic disturbance, but when both ureters become obstructed with a consequent damming back of the urine, the patient soon suffers from uremia, terminating in death, unless promptly relieved through surgical measures.

Pain and localized tenderness are the chief symptoms experienced in obstruction of the ureters from an impacted calculus. The pain is colicky in nature and spasmodic.

Calculi sometimes form in the urethra immediately behind a stricture, partially or completely obstructing the urinary duct; the obstructing medium however, more frequently leaves the bladder during urination and slowly passing along the membranous canal finds lodgment at some constricted portion where, if it is not soon removed, it collects layer after layer of extraneous matter until it may completely block the urinary outlet.

Quite young children are liable to urethral obstruction from the impaction of a calculus; the gravel forming the nucleus slipping into the duct from the bladder, finding lodgment in the membranous portion or near the meatus where it is carried during urination.

The symptoms accompanying urethral impaction will depend largely upon the location and degree of the obstruction, also the character of the stone. If it is rough or angular it will abraid the mucous membrane as it is forced along the urethral track, causing some little oozing of blood at intervals. There will be tenesmus in efforts at urination with sharp pain generally experienced in or near the head of the penis. If there is complete obstruction occasioned by spasm of structure about the calculus, or if the stone completely occludes the urethra, retention of necessity immediately follows.

Calculi with sharp angles sometimes cut through the mucous membranes and becoming imbeded in the adjacent tissues, either excite inflammatory action ending in suppuration, or it is added to by the urinary deposits until it attains a considerable size, requiring removal through an external incision.

One of the chief diagnostic symptoms of urethral impaction, especially in children, is their desire to obtain relief by pulling the end of the penis during and after attempts to urinate. The appearance of a drop or more of blood at this time quite firmly establishes the diagnosis.

The calculi can often be felt by pressing over its location when it becomes impacted well out along the urethra. Its location may also be ascertained by passing a suitable sized catheter or sound in the urethra.

The administration of medicinal agents have availed but little benefit in the treatment of urinary calculi, although remedies reputed to possess resolvent qualities have been given with a view of dissolving the stone and are still in repute with many medical men.

If from the history of the case and the existing symptoms it can be determined that the existing calculi deposits are of an acid nature, alkaline remedies are thought to be indicated;

while if the deposits show upon examination to be alkaline, medicinal agents of an acid nature are administered. If the surgeon is to be governed in his administration of remedies along these lines, he must also take into consideration what the analysis of the urine reveals. If the urine be highly acid resolvent powers would hardly be expected from acid drugs, especially should the deposits prove to be neutral or alkaline. The same method of reasoning holding good when the urine proved alkaline and the stone composed of uric acid deposits.

The acid remedies suggested in the treatment of urinary calculi when indicated by the chemical examination of the urine and the deposits, are dilute acetic and phosphoric, and the acids of fruit and vegetables. The acid state of the urine or of the calculi will call for the salines and the citrate and acetate of potash in graduated doses well diluted. Carbonate of lithia is an available remedy in this affection, also alkalithia.

Sodium phosphate and benzoate in potent doses well diluted is advised in the treatment of renal uric acid calculi continued over a long period of time. Of the vegetable diuretics possessing some resolvent properties and at the same time relieving irritation of the urinary mucous membrane, sp. med. hydrangia occupies first place. Combined with saw palmetto and chimaphila it proves of benefit in cases with scanty urine, cutting pains, marked tenesmus and muco-purulent discharges.

During the passage of small renal stone the acute pain, tenesmus, tenderness, and the accompanying nervous conditions requires the patient to keep in bed. The application of hot fomentations to the loins and perhaps a hypodermic injection of heroin or morphine and atropia. Chloroform inhaled during severe spasms of pain is commended. Impaction of stone within the pelvis of the kidneys or ureters will demand prompt surgical measures for relief.

The patient is prepared for operative work in the usual manner and a nephrolithotomy done by exposing the kidney through the lumbar or lateral incision as described in doing a nephrectomy. After exposing the kidney, if the calculi can be felt, an incision is made down through the overlying tissues and the stone turned out with the finger. In cases where it is suspected but cannot be felt by palpation it is possible to locate it by the aid of an exploring needle or small probe. With the kidney opened the ureter should be carefuly explored for impacted stone by passing a small catheter into the renal duct; if not obstructed the slender instrument may be made to enter the bladder.

In cases of impaction the stone is likely to be found about

three inches below the pelvis of the kidney or near the entrance of the ureter into the bladder, two narrow points in the duct.

If impaction is fully determined, or if the ureter is occluded from other causes, such as stricture, or torsion, the duct is exposed for the performance of operative measures through the medium or lateral abdominal incision, or the lumbo-extraperitoneal route while the patient is lying on the well side. The latter course gives ample room for exploration and removal of the stone if one exists, or to rectify other abnormal conditions.

The tissues are divided from a point near the last rib to a point about an inch above Poupart's ligament, the incision passing downward, forward, and curving with the outline of the superior edge of the ilium (see cut). The kidney is exposed and the dissection carried inward to the peritoneum, care being taken to not open this membrane while making efforts to find the ureter which lies behind the peritoneum in its upper course near where it is adherent to the spine. The peritoneum is dissected from its holdings with the finger, the urinary duct being imbeded within its folds.

If the kidney has been previously opened the ureter may be the more readily found by passing a small catheter through it as far as possible. If the examination reveals the presence of an imbeded calculus, it is removed through a small longitudinal incision made between catgut sutures previously inserted on either side. The ureter should be further explored through the opening for other calculi, which, if found should be removed in a similar manner.

The incision in the duct is then securely closed by tying the previously inserted sutures, the wounded area is cleared of blood and other fluids, the wound in the kidney is then closed with catgut with drainage provided of gauze or rubber tubing which should extend through the external wound of the body which should now be closed with silk-wormgut. In most cases the drainage tube can be removed the second or not later than the third day. With no complications the external wound ought to be healed in two weeks.

After the presence of a vesical calculus has been determined by exploring the bladder with a steel sound, the only reliable method of diagnosis, lithotomy should be resorted to at the earliest convenience for its removal. The successive steps in the operative procedure when done by the median route are as follows: With the patient prepared for the operation by thorough bathing and the bowels well cleaned out,

he is placed upon his back with the legs and thighs well flexed in which position they are held by an assistant. A suitable sized lithotomy staff is next introduced and made to touch and rest against the stone if possible. This rule need not be observed if the stone has been previously sounded. With the staff drawn up well under the symphysis it is held firmly by an assistant.

The operator, after satisfying himself that the staff is properly placed which is done by examination with the finger through the rectum, makes an incision about one and one-half inches long extending from a point one-half inch in front of the anus up along the raphe. The point of the knife is guided into the groove of the staff and made to divide the membranous portion of the urethra and may be passed on through the prostatic portion into the bladder, which course will be required if the calculus to be removed is of large size, or a large sized grooved director may be passed along the lithotomy staff in the bladder following the division of the membranous portion of the urethra and the two instruments forcibly separated to dilate the neck of the bladder sufficiently to admit the end of the finger, which is then gradually forced through into the bladder after the lthotomy staff is withdrawn; moderate sized stone may be removed through this dilated portion of the urethra with broad beaked lithotomy forceps, being cautious to not lacerate the tissues by using undue force while extracting it.

The margins of the pernieal wound should be closed with one or two silk-wormgut sutures to prevent gaping and aid in the healing process.

A little urine will escape through the traumatism for a few days as well as through the urethra, but at length the wound will heal when normal urination will become established, leaving the patient none the worse for having undergone the operation.

The removal of the vesical calculi through a lateral incision in the perineum has nothing to commend it over the median route, hence the technic of that operation will be omitted here.

Many surgeons prefer doing a suprabubic cystotomy for the removal of a vesical calculus, especially in cases where the stone is found to be of large size or where it has become imbeded in some portion of the wall of the viscus.

After the patient is prepared for an aseptic operation and placed under anaesthesia the bladder is well irrigated with sterile boric-acid solution, the viscus is then partly filled with

the same antiseptic solution and retained, the catheter being removed. If at hand a small soft rubber bag should be inserted within the rectum and either inflated with air or distended with eight to ten ounces of warm water; this course elevates the bladder and presses it forward within easy reach through a median incision made in the abdominal wall extending upward about three and a half inches from a point just below the upper border of the public bone. The incision divides the skin and fascia between the resti muscles, the underlying soft tissues is separated with the handle of the scalpel or grooved director until the anterior wall of the bladder is reached. With a little care the peritoneum need not be injured as it does not normally extend lower than the urachus which is attached to the fudus of the bladder.

After exposing the bladder its anterior wall is picked up with mouse-toothed dressing forceps or a tenaculum and brought well into the abdominal wound where it is opened up with a longitudinal incision an inch or more in length. The margins of the wound are seized with small snap forceps and brought forward into the abdominal wound and held securely while the interior of the bladder is explored with the finger or instrumentally. Small calculi if discovered are removed with forceps; large ones may require crushing with a lithotrite before making an attempt to remove them.

Before closing the incision in the bladder its interior should be carefully examined for imbeded stone, and small calculi impacted in or near the bladder end of the ureters or the urethra. The former may be removed by carefully dissecting back the adjacent tissue, while gentle traction is made on the stone with tenaculum forceps, while the latter case may require a dilation of the diverticulum to the degree that the stone may be removed with the forceps or scooped with a small scoop fashioned for the purpose. It often becomes necessary to chip away portions of the lith with sharp beaked cutting forceps when it is possible to reach it, before attempting to remove it by irrigation and slender forceps.

The bladder is now washed out with a two per cent solution of boric acid and closed with fine chromicized catgut, the sutures being placed about one-quarter of an inch apart, using a fine curved needle to place the sutures which should be inserted near the edge of the incision and emerging on the cut surface, evading the mucous membrane of the viscus. After this row of sutures have been placed a number of provisional sutures are taken with the same material using the Lembert stitch, and extending this row at least one-half inch beyond

eaeh angle of the incision. These sutures are carefully tied after which the bladder is distended with some bland antiseptic solution to test the possibility of leakage; if any is found the deficient point is secured by other sutures.

The traumatie area in the bladder is now wiped dry with pledgets of sterile gauze and if the condition of the wound justifies it, the abdominal wound is closed with silk-worm gut without provision being made for drainage, otherwise a gauze or rubber drainage tube is placed in the lower angle of the wound, the two nearest sutures being left untied until it is removed a few days later.

Following this operative procedure the bladder is kept free of urine through a retained catheter, a perineal drainage tube, or the patient may be allowed to void the urine in the natural way in favorable eases.

Cases of extensive uleeration of the bladder or chronic purulent eystitis complieating vesical ealeuli may require the bladder wound left unclosed for a considerable period of time that the abnormal state of the organ may be treated by the topical application of remedial solutions and gauze packing. In sueh cases the edges of the incision in the wall of the bladder is approximated and sutured to the margins of the abdominal incision which is partially closed with silk-worm gut leaving only room enough to insert and remove the neeessary medieaments. Through this opening a perforated rubber drainage tube is placed and connected with a longer piece of rubber tubing with a glass tube through which the urine is siphoned into some suitable vessel partly filled with some antiseptic solution and placed beneath the eot or bed.

The drainage tube that enters the bladder may be prevented from slipping out by applying half inch strips of adhesive plaster around it; the ends, whieh should be four or five inehes in length, should be extended laterally and made to adhere to the adjacent skin surface.

To prevent infeetion pledgets of iodoform or other antiseptie gauze should be paeked around the tube whieh should be removed when soiled with seeping urine and repacked. As soon as the morbid state of the bladder has been cleared up the local treatment is omitted and the margins of the wound freshened and elosed with silk-wormgut sutures as before described.

In cases where it is determined that the stone is small or of moderate size, and for any reason eystotomy is refused, an attempt should be made to erush the caleulus (litholapaxy)

and then remove the fragments with evacuating tubes attached to a wash-bottle (see cut).

To properly execute this work a modern steel lithrotrite should be used, graduated to fit the size of the urethra. The mechanism of the instrument should be thoroughly understood before introducing it, and every care taken while engaging and crushing the stone to not injure the walls of the bladder. Before attempting to introduce the lithrotrite the patient should be anaesthetized and placed upon his back with the hips resting upon a pad or cushion.

At the outset the urine should be drawn off, the bladder flushed with boric solution after which a few ounces should be left in the viscus to aid in locating and crushing the calculus.

The lithrotrite, after it is sterlized, should be lubricated with olive oil or vaseline and carefully introduced, pulling the penis well upon the staff of the instrument to straighten the urethra. The operator should be cautious about depressing the instrument before the beak is brought down well under the pubic bone, otherwise he will inflict severe pain by bruising the wall of the urethra.

The entrance of the instrument into the bladder will be readily determined by a sudden impetus forward imparted to it as it slips through the neck of the bladder. Through the manipulations of the instrument the stone is located; the male blade is then withdrawn a sufficient distance to enable the jaws to grasp it. This feat may not be accomplished easily, several attempts being required in some cases before a firm hold is secured.

When firmly caught the blades are made to crush the calculus by forcibly turning the thumb-screw at the outer end of the instrument. As the jaws of the lithrotrite are freed they are again opened and made to engage large fragments of the stone and crush them, the process being repeated until the fragments have been reduced in size sufficient to permit them to be removed with the evacuating tube and wash-bottle. It will be well in most cases to introduce the evacuating tube and remove the very small pieces before the larger fragments are all crushed, as by so doing the lithrotrite is made to engage these pieces with ease.

To remove the crushed fragments the excavating tube is passed into the bladder after lubricating it with sterile vaseline. As soon as the urine begins to flow it is attached to the coupling of the wash-bottle which has been previously filled with quite warm boric solution. The stopcock in the tube is opened and

the water in the bottle forced into the bladder by compressing the rubber bulb, and by quickly relaxing the force the bulb expands, bringing out the fragments by suction. This process is repeated time and again by compression and relaxation of the rubber bulb until the viscus has been freed of the crushed fragments.

The amount of water necessary to flush the bladder will be determined by the individual case. If the bladder has been made irritable and extremely sensitive by the presence of large calculi with a rough granular exterior the organ will not bear more than three or four ounces of water at first to flush out the crushed fragments.

To insure that the fragments have been all removed the operator should use a steel sound as a searcher for remaining fragments, or depend upon the clicking noise given off by the remaining fragments striking the end of the evacuating tube when suction is made, which is quite distinctly heard when the ear is placed over the bladder during the flushing process.

Following the operation the patient should be kept at rest in bed. A nonstimulating diet should be advised. The patient may be allowed plenty of water to drink. Severe irritation and pain may require irrigating with tepid boric solution once or twice a day. The bowels should be kept open with broken doses of sulphate of magnesia aided by tepid enemas.

THE ECLECTIC LEAGUE FOR DRUG RESEARCH.

Apocynum Cannabinum.

Dr. W. Leming, Tucumcari, N. M.

Specific Indications:—ENFEEBLED HEART ACTION AND CIRCULATION WITH CELLULAR FULLNESS AND DROPSY.

The keynote of Apocynum is ATONY; atony permitting of leakage from the circulatory system. Accompanying are generally such signs as puffy eye-lids, swollen feet, heaviness of the abdominal organs and diminished urinary excretion.

There have been some differences of opinion as to its exact field of action. Some, on account of its diuretic effect, in certains cases maintain that its action is upon the kidneys. Others, seeing cases in which the heart seemed mainly at fault, claim that organ as its field. To this latter view the testimony points, the necessary low blood pressure being a requisite before Apocynum shows its diuretic effect.

1. Drs. Marcy and Peters have shown that it does not act

as a diuretic in health but actually diminishes urinary secretion.

2. It is generally acknowleged that it does not irritate the kidneys even in inflammatory states of these organs, being actually curative in Post-scarlatinal Nephritis.

3. It acts more powerfully in some cases than in others.

4. Its effect as a diuretic is marked in those cases where the heart and arterial system are very enfeebled.

5. Waugh says that it acts similarly to Digitoxin but milder and may even shut off the circulation to the kidneys, causing suppression.

Apocynum has been likened to Digitalis but greatly surpasses that drug when indicated, and it is not cumulative.

It eases the heart pains and oppression in suitable cases, and should frequently be used where certain prominent heart remedies are employed. To a certain extent, it even controls the secondary signs on the sympathetic nerve system, acting in an inverse manner to Cactus but in the proper case, arriving more speedily at the desired result.

Describing its use, Abbott mentions the glucoside Apocynum as a similar but safer drug than Digitoxin, employing it "in those cases where the blood vessels are so relaxed in tone as to constitute an obstacle to the circulation, the force of the heart being vainly spent in an endeavor to force open the flabby walls of the blood vessels," the drug to be given until normal tension is secured, the results being such "as to fully justify the ancient designation of this drug as the vegetable trocar."

Its action on the capillary circulation is shown by its control over PASSIVE HEMORRHAGES, MENORRHAGIA, etc., and similar states as in CHRONIC METRITIS, with great weight and relaxation; likewise in certain cases of ATONIC DYSPEPSIA.

As a remedy in DROPSY, general and local, it is well known although it cannot be expected to remove dropsies due to surgical states of the liver and kidneys.

Ellingwood claims that it will not act promptly where the swelling renders the surface white and shiny.

It is generally useful in ASCITES, HYDROCEPHALUS, HYDROTHORAX, HYDROPERICARDIUM, etc. Should the inflammatory action accompany, suitable remedies must be employed for that condition, as Apocynum will not control inflammation.

Apocynum has lately been advanced as a remedy for SCIATICA. Since it has been affirmed that the drug specifical-

ly influenees the nerve sheaths and tissues about the joints, Ellingwood suggests that it thus influenees the throwing off of the substanee within the nerve sheath whieh compresses the nerve, thus removing the eompression, relieving the eondition. One of our Kentucky provers elaims for it a great eertainty of aetion in the sciatiea frequently seen among residents of the mountainous districts where large quantities of pork and beans are used. In similar eases, Dr. Frank Webb, Conneeticut, uses it hypodermieally. In a recent artiele he says, "We will eonsider Apoeynum here not from its use as the vegetable troear, but from the valuable results that I have obtained in Lumbago and Sciatiea by its hypodermie use. This drug like many others, ean be used in larger doses hypodermically than by the mouth. I have used it in seiatiea with no failure, gtt. v. hypodermieally every two hours, with the eredit that the eure was the quiekest that the patients had ever experieneed."

The alternative properties of Apoeynum are as yet unstudied.

The dose must be held short of the poisonous, debilitating effeets sueh as diarrhoea, ete. In the less aeute eases, large doses are not needed. Usually one to ten drops of the Speeifie Medieine or one-twelfth grain of the glucoside are given every one to three hours.

Study for June, DIOSCOREA VILLOSA; July, STRAPHISAGRIA; August, COLLINSONIA CANADENSIS. Reports are solieited from physieians.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE YEARLY INVOICE.

In the commercial world the annual invoice is a necessity, for only in this manner is it possible to accurately estimate the amount of the profit or loss in a business; and while it is true that the practice of medicine is not a business in the commercial sense, nevertheless it would be a great help to each of us if we would apply the invoice principle in so far as it can be applied to our work. A certain amount of reflection is conducive to individual growth, and do we not all desire an ever increasing intellectual horizon? Each of us may obtain by reflection a just estimate of his work from the financial, as well as the professional point of view. Moreover it may not be the same as our preconceived notions had led us to believe.

Briefly, let us now take stock of our collective work.

Our college has just completed a successful year. The interest and ability of the various members of the faculty have improved a great deal, and the increased number of students and the character of the work done by them has been most gratifying. The adaptability of the new building for college purposes has satisfied the desires of the most exacting. Already a great deal of inquiry has been received from prospective students relative to the coming term. The future of the college is very encouraging indeed.

Our State Society has just completed a very interesting session with about the usual number in attendance. There were those present at this meeting who are always present, and the usual percentage of stragglers. The complaint was again made by the same men as of yore that there is a loss of interest in the course, etc., etc. Our personal observation is that it is the same old society that it was a dozen years ago. Within that time a number of the old wheel horses have passed away, but the number of active workers remains about the same. The scheme for a closer affiliation with the National is a good one, and it is being accomplished with very little friction.

The medical laws of this state are unsatisfactory to all concerned, even including the people. Owing to this unrest the last legislature came very near making a number of alterations, some of which were good. These matters will be before the legislature again at the coming session, and it behooves us to be wide awake or we shall be outwitted. We have rights which we must safeguard.

The above resume of the work for the year is inclined to make one complacent, but such would be an extreme attitude and quite unwarranted. The Eclectic cause has a glorious past, an interesting present, and will have a grand future, assuming, of course, that we employ our own talents and do not leave the matter entirely to the grace of God.

THE PROPRIETARY MEDICAL COLLEGE.

Few things within the medical world have been as harshly criticised and condemned as the proprietary medical college—that institution of learning whose only source of income is that derived from tuition fees. These fees vary from $50 to $100 and in not a few instances students pay what they can in cash and give notes for the balance. Sometimes these notes are met and again they are not. Up to a few years ago the country was dotted with institutions of this character. Some were poorly conducted, with a poorly qualified teaching force, who made up in enthusiasm what they lacked in erudition, and their laboratories were characterized by a dearth of equipment. On the other hand, richly endowed schools had highly trained and well paid teachers in magnificently equipped laboratories and catered to the cream of prospective students, leaving the hoi polloi for the proprietary schools to scramble for. It can be stated without fear of successful contradiction that a doctor cannot have too much practical learning, and

following this proposition further, it would seem that the school possessing the best teaching force and the most completely equipped laboratory would graduate the best doctors. I believe such a school does graduate men with a most extensive knowledge of medicine, but it is a question if such men are better doctors than the graduates of the school of lower standing. As a rule, the graduate of a proprietary school was from the country and was attending college for the single purpose of learning all the medicine he could. He had but little money, his clothes were reminiscent of the general store at the cross-roads and his social aims gave him no concern whatsoever. He attended lectures during the day and pored over his text-books at night. Generally, when he finished school and was ready to face the world, his finances were at such a low ebb that there was forced upon him the necessity of seeking a location with the least competition. In consequence of this need our young friend betook himself far from the boulevards and cafes and hung out his shingle in a remote rural district where people go to bed at sundown and bestir themselves at cock-crow. The good people of such a community needed him. He served a humanitarian purpose. He had no professors to seek advice from over the telephone; mayhap his nearest medical neighbor was miles away. Under these circumstances, does a man make good? Well, I guess, yes. He must make good. Look at the other side of the picture. It is not false reasoning to assume that the graduate of the university or heavily endowed school comes from well-to-do parentage who were amply able to send him through the university, dress him well, permit him to exercise his social ambitions and, after graduation, keep him in a hospital for a year or so and then send him abroad. Is this man, with a skin full of culture and a fondness for the gayness of the city, going to content himself at any great distance from the lights of the boulevards and the festive cock-tail of the cafe? Well, hardly, and I cannot blame him, for these are habits and they grow on one and are dreadfully hard to break. So he sticks around town, opens an office in a centrally located building, runs a gasoline cart if he can afford one and becomes just an ordinary city doctor. In a few short years, under the discouraging influences of a city practice, he has lost all of the noble thoughts and high aims possessed by him in his callow student days, for he has learned by sad experience that city dwellers do not idealize doctors as the country folk do and that they beat him out of his just dues with no compunction whatever. But our friend in the country has plodded along, forging straight ahead. By

earnest endeavor and strict attention to duty he has succeeded so well in his first location that, obeying the natural desire of man to seek more congenial companionship and more cultured surroundings, he removes to a fair sized town, his place being taken by a younger man in as great need of immediate practice as he was a few years before. His town practice thrives, his family grows up and is educated, his bank account shows a healthy growth and, all in all, he is a highly useful and thoroughly contented citizen. His city brother, unless he marries or inherits money, pegs along year after year, finding his expenses keeping pace with any increase in his income. In twenty years he is not much better off than he was ten years after graduation. With all his highly trained medical mind he has not served the world one-half so well as the crude product of the proprietary school nor is he one-half as happy. The essence of this is, that the well educated, cultured physician will locate only where surroundings are pleasant. He will naturally gravitate to over-crowded medical centers and avoid rural locations. If such be the case, what is the future for the people in remote districts? They need doctors as badly as do crowded cities. Proprietary schools under the withering influence of stringent state laws and unjust public opinion, are rapidly going out of existence and the day is not far away when the student of medicine must belong to the favored classes of society, for the demands made by the universities and heavily endowed schools are along financial as well as caste lines and can only be met by the well provided for student.—Ed., Med. Era.

THE DANGERS OF DIAGNOSTIC REFINEMENTS.

Modern medicine is justly proud of the increased precision of diagnosis due to more careful and analytical study of disease, coupled with the introduction of various methods and instruments of precision. In the enthusiasm for extending our diagnostic powers, it is to be feared that occasionally we lose sight of the fact that a diagnosis is not an end in itself, and that treatment, to be successful, must sometimes be instituted in advance of a diagnosis. In certain of the more serious exigencies that confront us, it is indefensible to wait for certainty. The man who treats disease symptomatically is nowadays in rather bad repute, but he is scarcely less dangerous than he who temporizes and vacillates in the presence of serious conditions because he cannot assure himself definitely of the pathological basis. The "court and alley" doctor will, often, seize the opportune moment, while our more learned

brother is musing upon possibilities. In short, there are not a few cases in which we must act, and act quickly and energetically if life is to be saved or irreparable injury prevented, in which our reason must lie in minor symptom-complexes, or in an indefinite examination. Such cases form a considerable percentage of the practice of the surgeon. They are relatively less numerous in the experience of the individual practitioner. So it comes that the surgeon sees the necessity while the general practitioner lags behind. But the surgeon cannot apply his dearly gained wisdom except through the physician who sees the cases first. So in tumors of the breast. Year in and out those who are best qualified to know, chorus the fact in early stages, simply from the history and examination, no man can make with any approach to certainty the differentiation between benign and malignant growths. In this connection Maurice Richardson says: "Distrust of my own powers of diagnosis increases with increasing experience." Bloodgood has clearly shown that the gross and, occasionally, the microscopic appearance of a tumor of the breast must be invoked to our aid if we would make a diagnosis and apply proper treatment in the early and curable stage. Still we find many men who will sleep o'nights while they are waiting to see whether further development will make them sure of a diagnosis. The patient is fortunate if she is not told to apply a counterirritant which, if the tumor is malignant, as there are seven chances in ten that it is, will cause more rapid development. The counterirritants do not necessarily mean the use of iodine or mercurial preparations alone, but also the X-ray. The X-ray is dangerous in breast growths; too often the physician and the X-ray specialist, not of necessity a clinician, make the decision in favor of this form of treatment. Or, worse, massage may be recommended, which will disseminate the cancer cells and hasten the very metastasis we dread. It is a fact that in this condition the net gain of lives saved would be great if students were never taught the signs and symptoms of malignancy in the female breast but simply told that every tumor should be operated on as soon as discovered.

The status of cancer of the uterus is similar. Certainty of diagnosis by symptoms and examination alone means failure of cure.

Cancer of the stomach, once in the hands of the specialist, with his test meal, glass beads, gastrodiaphane, bismuth X-ray examinations, etc., never emerges in a curable condition. His chances are sacrificed on the altar of diagnostic ambition.

There are men who will sit at the bedside of a patient with

a perforated appendix, or a perforated duodenal ulcer, counting the leucocytes, hour by hour, thinking thereby to know whether the process is progressing or subsiding, which in a grim resemblance to Kipling's Vampire, he

"never could know
And could not understand."

There are even some who, in the presence of concealed hemorrhage, will think of the hemoglobinometer rather than the scalpel, and will occupy themselves with a prognosis as to the relative probability of the patient's bleeding to death, rather than with making it impossible for the hemorrhage to continue.

Fortunately in these latter examples the lesson is widely diffused and it is a slander on the profession to assert that such practices are general. In carcinoma, however, the case is quite different. Thousands of lives are lost annually owing to the unwillingness to act upon suspicion before a diagnosis can be made. In these cases uncertainty is the signal to act rather than to delay, and, unless that is recognized, the holocaust will continue until a certain means of early diagnosis of malignancy is found. That, unfortunately, is not even upon the horizon.—John B. Deaver.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May 24, 25 and 26, 1910. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY.

The Fourteenth Annual Meeting of the Southern California Eclectic Medical Association was called to order by the president, Dr. Q. A. R. Holton, of Whittier, at the College Building at 10:00 A. M. In the absence of the secretary, Dr.

W. J. Lawrence was appointed secretary pro tem, and the minutes of the last meeting were read and approved and Dr. J. A. Munk, treasurer, reported all bills paid and a substantial balance in the treasury.

Under the head of unfinished business, Dr. Munk reported concerning the Deaconess' Hospital matter with regard to the restoration of the property of the association as having been settled; though he was unable to locate the property.

Under the head of new business, the matter of entertaining the State Society was discussed and the question laid over until afternoon session.

There being no applications for membership the payment of dues was declared in order and the shekels were gathered in to the treasury. The association then listened to the annual address of the president, which was very interesting, instructive and optimistic, teeming with enthusiasm for the cause of Eclecticism and the welfare of our college. The address was received with enthusiasm and a vote of thanks tendered Dr. Holton for his most excellent counsel and timely advice.

Dr. J. A. Munk, Dean of the California Eclectic Medical College, spoke upon the subject which lies so close to his heart "Our College." This address was given in Dr. Munk's inimitable and excellent style and was well received and favorably discussed by the association, led by Dr. Scott-Turner.

Dr. A. P. Baird reported a very interesting case of scarlet fever complicated with diphtheria and the successful use of Lobelia by hypodermic injection. This paper provoked a lively discussion by Drs. Lawrence, Dougall and Davis.

Dr. J. Park Dougall next addressed the association on the subject of the coming meeting of the State Society, urging a large attendance and a hearty co-operation on the part of the members present and provided application blanks for membership to those who were not members of the State Society. The association adjourned at 12:00 M.—the afternoon session to begin at 2:00 P. M.

During the noon recess the association was entertained at luncheon at Kerkow Cafe, by the president, Dr. Q. A. R. Holton and Mrs. Holton, where those present enjoyed an excellent repast and voted the doctor and his wife royal hosts.

At the afternoon session Dr. Solomon's paper was called for, but on account of the doctor's recent illness, he had been unable to finish his paper, but gave a very interesting report of a number of cases of bronchitis following an epidemic of measles.

The next paper was given by Dr. Ovid S. Laws upon the subject "The Destiny of Man." This was a purely scientific

artiele and was delivered in the doetor's eharaeteristie manner. The paper elieited a very thorough and interesting diseussion led by Dr. A. P. Baird.

Dr. B. Roswell Hubbard then presented a very thorough and exhaustive paper upon the subjeet of "Urinary Caleuli." This paper proved to be so thorough and eomplete in every detail that it left very little room for diseussion, but was well and favorably reeeived and mueh appreciated by the association.

Dr. Orin Davis, of Sawtelle, California, presented a brief though instruetive paper entitled "Veratrum Viride" in the doctor's eharaeteristie and earnest manner which brought forth an interesting diseussion.

Papers by Drs. Jas. Beard, O. C. Welbourn, L. A. Perce, A. O. Conrad, M. S. Aisbit and G. W. Fineh, were submitted by title.

On motion Drs. Jas. Beard, A. P. Baird and B. Roswell Hubbard were appointed a eommittee to eonfer with the eommittee on entertainment from the State Soeiety to provide entertainment for the eoming meeting May 24th, 25th and 26th.

For the ensuing year the following offieers were eleeted to serve:

President, Dr. A. P. Baird, Los Angeles; viee-presiden, Dr. H. Seott-Turner, Pomona; seeretary, Dr. W. J. Lawrence, Los Angeles; treasurer, Dr. J. A. Munk, Los Angeles.

On motion a vote of thanks was tendered to Dr. Q. A. R. Holton for his generous hospitality and for his sueeessful leadership during the past year.

On motion the assoeiation adjourned to meet at the call of the president.

Q. A. R. HOLTON, President.
W. J. LAWRENCE, Seeretary, pro tem.

BOSTON IN 1910.

The Ecleeties throughout the eountry have been pretty well informed of the faet that the Annual Meeting of their national Medical Assoeiation will be held on June 28 to July 1 inelusive, at Boston, Massaehusetts.

The word Boston is one that awakes the thrills of pride and patriotism in the hearts of every true lover of this broad and glorious eountry, and eause them to make a firm resolve to visit its historie plaees whieh eommemorate so mueh that has tended to make our nation what it is today—a reeognized leader in all that makes for the best for the countries of the world.

Your Committee of Arrangements are espeeially pleased

that they are able to offer you such a delightful spot for your deliberations this year, and trust that every one who reads these words will make a big, strong effort to come and see for themselves that the beauties of Boston have not been exaggerated.

Bostonians are famous for their pride in the place of their abode. This is somewhat of a mystery to those who are not familiar with its many attractions but is well understood by all who have come to know the variety and excellence of its many pleasing features.

Association Headquarters.

The Hotel Vendome, one of Boston's celebrated hostelries, situated on the world-famed residential street—Commonwealth Avenue, with its attractive walk between rows of greensward and graceful trees in the center, has been selected as Convention Headquarters. The hotel is conducted on the American plan and the management have made us the liberal rate of $4.00 per day. For those rooms which have a bath connected there will be an additional charge of $1.00 per day, which will be divided among the number using the bath. Many of the rooms are arranged in suites and it is very desirable for those making applications in advance for their accommodations to so arrange that those congenial may be placed together. The hotel management also desires that all applications for rooms should be addressed to the chairman of the Committee of Arrangements, and be forwarded at as early a date as possible so that much delay may be prevented at the time of arrival.

Rooms for the Meeting.

Ample accommodations have been secured for the uses of the association on the first floor of the hotel. These are so situated that the convention will practically be by itself. The general meeting room is admirably adapted for the purpose, as is also those for section work, exhibits, and the various committees.

Instructions for Reaching Headquarters.

In order to save time and prevent confusion all persons coming into Boston on the Boston & Albany railroad should check their baggage to and leave the train at the Huntington Avenue station; those coming into Boston on the New York, New Haven & Hartford railroad should check their baggage to and get off the train at the Back Bay station. Both of these stations are within three minutes' walk of the hotel headquarters. Those who come over the Boston & Maine railroad will take surface cars to the Park Street subway where they will

change for a Boylston Street car and alight at Dartmouth Street, which is only two short blocks from the Hotel Vendome.

Reception Committee.

A Reception Committee consisting of Drs. John Perrins, Augustus L. Chase, Nathan L. Allen, Lillian G. Bullock and Sylvina A. Abbott has been appointed by the Massachusetts Eclectic Medical Society to assist in welcoming and assisting in any possible manner our visiting guests.

Entertainment.

The wealth of our resources from which to select the entertainment of the association is so great and the time which has been placed at our disposal by the president so limited, that it has been decided to leave the announcement of this part of the program until the first day of the convention. We are, however, prepared to promise that all the time allotted to us will be used in such a manner that all will be more than satisfied. A special outing will be arranged for the visiting lady guests.

Committee of Arrangements: Pitts Edwin Howes, M.D., chairman; Charles W. Brandenburg, M.D., secretary; Frederick Wallace Abbott, M.D., treasurer; Frank Webb, M.D., Percy L. Templeton, M.D., A. Waldo Forbush, M. D., C. Edwin Miles, M.D., Fred G. Phillimore, M.D., Samuel A. Hardy, M.D., Wm. L. Heeve, M.D., D. P. Borden, M.D.

NEWS ITEMS.

Dr. Geo. D. Coe, San Francisco, has changed his address to 1112 Market street, rooms 109 and 110.

Drs. A. N. and Ella Couture, Auburn, Cal., have finished their new home and offices which they have been building this past winter.

One of our friends living in the southern part of the state is desirous of selling his practice, office fixtures, automobile, etc. His collections are about $4000 a year. The Journal will be glad to put anyone interested into communication with the Doctor.

Dr. J. B. Baker has moved from Berkeley to Lompoc.

Dr. Edward P. Bailey, Long Beach, has gone east to be gone two or three months. He will visit New Orleans, Memphis, Chicago, Indianapolis, Buffalo, Detroit, Washington, New York, Boston and many other cities.

Dr. Frederick D. Webley, Santa Rosa, has been on the sick list for some time.

Dr. W. W. Wimer, formerly located at Honey Grove, Texas, is living in Gober, Texas, now.

Dr. J. N. White moved from Queen City, Texas, to Texarkana some months ago.

We understand that Dr. R. L. Thomas, Cincinnati, who has not missed a meeting of the National in so many years, will not be present this year because of a trip to Europe.

Dr. Munk has been elected a member of the Board of Directors of the Southwest Museum to fill the unexpired term of William Lacy, resigned. This will give a term lasting until the fall of 1916.

Dr. Hubbard's article on "Urinary Calculi," which appears elsewhere in this issue, is from the advance sheets of his work on general surgery which is now in preparation.

ERRATA. In the May Journal, page 122, the word apomorphine has been omitted in line 15 of Dr. Beechler's article. It should read: "Inject 1-10 gr. apomorphine if the patient is rigid."

On Sunday, May 1st, Dr. Munk entertained the faculty, their families and a number of friends to an all day picnic at his rach near Compton. There was a large crowd and all enjoyed the noon-day dinner served under a vine-covered pergola. The botanical and rose gardens were inspected and admired by every one present. It was with some difficulty that many of the medicinal plants were identified—in fact, many times Dr. Munk was called upon for the desired information.

The Secretary of the State of Illinois has licensed "not for pecuniary profit," the incorporation of the International Association of Pan-Pathetic Physicians, with headquarters at Chicago. The incorporators are Dr. L. D. Rogers, of Chicago; Dr. M. C. Sorenson, of Highmore, S. D.; Dr. E. Mather, of Detroit; Dr. C. Vermeren and Dr. Paul Burmaster, of Chicago. The object is to promote liberalism and fraternalism among physicians in all the countries of the world.—Chicago American.

E. Mather, M. D., 168 West High street, Detroit, Mich., will be pleased to hear from any physician who wants light on the Pan-Pathetic Physician, $5 per year. A bulletin every month.

On May 19th occurred the Thirty-first Annual Commencement of the California Eclectic Medical College. There being two graduates, J. C. Barbrick, M. D., and Oran Newton. The exercises were held in the college assembly hall and were as follows:

Program.

1. March, "Blaze of Glory" - - - - - Abe Holzmann
   Bohemian Girl, "Theo. Mozes" - - - - - Tobani
2. Invocation - - - - - - Dr. F. G. Cressey, Ph. D.

3. Cornet Solo, "The Rosary" - - - - Ethelbert Nevin
4. Address, "Edueation" - - - Dr. Charles F. Lummis
5. Sextette, "Lucia di Lammermoor - - - - Donizetti
6. Dean's Report - - - - - Prof. J. A. Munk, M. D.
7. Has Anybody Here Seen Kelly? - Murphy and Letters
8. Address on Behalf of the Faculty - Prof. L. A. Perce, M. D.
9. Spanish Gaity - - - - - - - - - - - Paul Eno
10. Conferring of Degrees - Prof. O. C. Welbourn, A. M., M. D.
11. Benediction - - - - - - - Dr. F. G. Cressey, Ph. D.
12. March, "Prince Imperial" - - - - - - C. E. Duble

Marguerite Waltz - - - Gounod

Moore Brothers Orchestra

BOOK REVIEWS.

BACTERIOLOGY FOR NURSES. By Isabel McIsaac, author of "Primary Nursing Technique," "Hygiene for Nurses," "Hygiene for the Use of Public Schools.." Small octavo, xii+179 pp., with illustrations. New York: The Macmillan Company, 1909. Price, $1.25.

In this volume the writer has embodied the essentials of bacteriology for the use of pupil nurses. It gives a clear and adequate exposition of the natural history of bacteria, the methods of their study, the effects produced upon them by physical and chemical agents, and their relations to disease. The difficult subject of immunity is discussed in a way that is easily understood, and several chapters are devoted to the various diseases of bacterial and protozoic origin. The concluding pages deal briefly with bacteria in air, soil, water and food, the whole being preceded by a schedule for twelve laboratory exercises of two-hour perids. The nurse who, by the study of this book, has aequired a thorough understanding of the sources of infection and the modes of transmission is not likely to fail in one of the most important of her duties—the prevention of infection.

THE SEXUAL LIFE OF WOMAN, IN ITS PHYSIOLOGICAL AND HYGIENIC ASPECTS. By E. Heinrich Kisch, M. D., Professor of the German Medical Faculty of the University of Prague. Translated from the German by M. Eden Paul, M. D., with ninety-seven illustrations. New York: Rebman Co. Price $5.00.

This work deals most exhaustively with the subject treated. Leading authorities on disputed points are quoted from very extensively, and the author himself gives reasons for his own views. The sexual life of woman is dealt with from the time of the appearanee of the first indication of sexual activity, the development of that activity and its ultimate

extinction in sexual death—the entire process is covered in a masterly and exhaustive manner. The author has devoted thirty years to a study of this question, so important to the physician and patient, and he has heretofore published several monographs thereon, besides having published a good many articles in medical magazines. There are many questions that arise every day in general practice which will be much more easily answered after a thorough acquaintance with this work. Where differences of opinions on the part of the leading authorities exist they are here stated, and the reader is able to form his own conclusions from study or observation.

READING NOTICES.

INTRAVENOUS INJECTIONS OF NUCLEIN IN TUBERCULOSIS.

Edgar P. Ward (Medical Record, March 6, 1910) presents a new theory as to the action of nuclein in tuberculosis, in which disease he administers the remedy in a novel way. In every case of tuberculosis which he has examined within the past two years he has found a decrease in the specific gravity of the blood with a corresponding diminution of the percentage of hemoglobin. There is also a lessened number of red blood-corpuscles, with an increase of the deformed cells, or poikilocytes, as they are called. These changes are proportionate to the severity of the disease. As a consequence of the low percentage of hemoglobin there is a marked deficiency in the oxygen-carrying power of the blood.

This blood conditon Dr. Ward has found to yield rapidly under the influence of intravenous infusions of a solution of sodium triticco-nucleinate, stardardized to one milligram of organic phosphorus to each cubic centimeter. A physiologic salt solution is used as a vehicle.

Dr. Ward believes that the value of nuclein depends not so much upon its property of producing leukocytosis as upon its power to restoring the percentage of hemoglobin and of the number of red cells, while at the same time reducing the number of poikilocytes and increasing the specific gravity. In other words, the nuclein acts as a "blood-builder." That all these changes take place when the nuclein-saline solution is administered is shown by the author's detailed report of fifteen cases.

The nuclein-saline solution is given intravenously, under strict aseptic conditions. The dose of the nuclein solution used varied from 30 to 60 minims. This is diluted with a salt solu-

(Continued on page xii.)

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Original Contributions

PRESIDENT'S ADDRESS.

Q. A. R. Holton, M.D., Whittier, Cal.

Read before the Southern California Eclectic Medical Association.

Another year has slipped by since we met down by the sea and were so generously entertained by our well known brethren, Perce and Harvey, those fortunate dwellers in that great and only "Long Beach."

The past year has brought to each of us no doubt a measure of success and failure, of joy and sorrow, of hopes realized and disappointments endured. These are now all in the past. They are behind us and are powerless to do us further harm. But from each we may draw useful lessons to stimulate to more and better work in the future and to fortify against mistakes and failure. So that the past whether fraught with success or failure, joy or sorrow, aspirations realized or hopes deferred, all is now our heritage and we face the future full of optimism.

Just now upon the Eclectics of Southern California more than upon any other group rests the burden and fate of Pacific Coast Eclecticism. Not that we are more capable than others, nor more worthy because of more labor or past achievements than others. For, we remember that before there was an Eclectic Society in Southern California our brethren in San Fancisco and the north had built up a college, organized a state society, forged their way into the halls of legislation, demanded and obtained the recognition of the rights of every Eclectic in the great state of California. We of the South as well as all the rest of the Pacific slope owe these stalwart men a debt of gratitude we shall not soon liquidate. But while still laboring and planning for the future growth and successs of their institution and through it the growth of Eclecticism on the coast, suddenly without a moment's warning the great disaster was upon them and when quake and fire had finished their fiendish frolic; when the firefly tongues of flame had licked up in diabolical glee the last remnant of the labors of years; then these men turned their faces towards the south and reluctantly but with heroic fortitude they turned over to their brethren of the south the home-

less child of their love—The California Eclectic Medical College. So, I repeat, upon the group of Eclectics of which Los Angeles is the center to a large degree rests the future fate of Eclecticism of the Pacific Coast. My brethren, do we fully realize the gravity of the situation? How shall we most successfully nurture this fair child of the Golden Gate. For, upon her growth and development depends largely the future standing and success of our cause on this side of the Rocky Mountains. Whose hand shall first smite her blushing cheek? Surely none in the house of her friends. Whose tongue shall first foully slander her fair name? Surely none who love the cause for which she stands.

Los Angeles is to be a great metropolis. Watered as she soon will be by a river of pure melted snow from the summit of Mt. Whitney; blessed with all the elements necessary to great growth, abundance of pure water, warm fertile soil, matchless climate and enterprising citizens. Destiny has marked her for greatness. Thousands and tens of thousands of the best and most prosperous people of the storm swept east are looking with longing eyes to this sun-kissed land. And they are coming. It is only a question of a few years until fruits and flowers and eden bowers and happy homes shall fill every sunny vale and breezy mesa from the mountains to the sea. We now number our population by the thousands. We shall ere long number them by the millions. Great institutions of learning, of science and of art will develop out of our present schools and colleges. Other great institutions will grow up by their sides and Los Angeles will become the center of a vast erudite population extending from the rugged Tehachapi to the mild and mellow vistas of San Diego.

What part shall our society, our school and our men take in this oncoming growth? Right before us lies vast opportunities. The hour of action is at hand. Will we mount and do battle on the crest of the incoming tide or shall we sink and be cast out as flotsam and jetsam to be gathered up by the would-be wreckers of our school.

We have a glorious past and point with justifiable pride to the victories won by the Fathers of Eclecticism. The American people and to a considerable extent those of Europe are today reaping the benefits of the great reform in medicine which was championed and fought to a successful finish by the early Eclectics. Calomel is no longer King and venesection lies buried forever. But these laurels will not answer the latter day demands. Specific Medication was a great stride forward, but achievements along that line are not complete. There are vast fields for research yet to be harvested and the laborers are few. Then there are the many tributary branches of the great medi-

eal whole which have sprung into public notice and favor of late, each making claims to healing power. Osteopathy, suggestion (on which the Emanuel movement is based) and each must be studied and their virtues and limitations ascertained and whatever is found to be efficient and of value should be engrafted and become a part of the great system of Eclecticism. Even Christian Science and its kindred ilk are not without their valuable grains of gold among their heaps of rubbish. These should be garnered. If they can teach us how to cure people who are not sick but think they are let us learn, for this very phase is sometimes very perplexing.

Then there is animal therapy. A system of cure foisted upon a gullible fraction of the profession to enable the great meat trust to work off the by-products of their slaughter houses at a great profit. Our Allopathic brethren chiefly are working this field. Let us look on but keep a clothes pin tight on our noses.

There are also the serums and anti-toxins (the latter better described if the prefix was left off). These too are favorite fields of investigation by the dominant school and they have recorded many, many brilliant failures. We are not ready to say they have all been such, but none of them are beyond the stage of experiment. It is a fascinating field and has been entered by many of all schools. It affords tempting opportunities for ambitious ones to exploit their superior scientific acquirements, as well as to acquire fame by some brilliant discovery. I would not discourage investigation and experiment in this field. Let any whose talent and bent inclines them in that direction go in and all shall welcome any new discoveries in this field which will make good—to-wit, conserve the vital forces and help to save life but, remember, these serums and anti-toxins are a two edged sword and he who enters the sacred domain of human life with one in his hand should tread with cautious step and thrust only where older and better known means have already failed. Many lives have already been sacrified on this altar and the many brilliant cures reported largely in the public press which have served to exploit these agents in the estimation of the public and has made fortunes for the manufacturers may yet prove an ignis fatuus and sero-toxin medication pass, as mercurialization passed, as venesection passed, as alcoholics passed and as many other noted cure-alls have passed. I lay no claim to expert knowledge either scientific or prophetic, but I expect to see the downfall of the whole system of sero-toxin treatment.

We shall not have done all the hour and the opportunity demands till we have with every resource at our command aided in the building up in Los Angeles of a medical school second to

none. A school thoroughly equipped to teach every tried and proven branch of the healing art, and which shall send forth its graduates better qualified to grapple with disease than any other institution on this coast. This is the goal for which we should strive. Having builded up such a school it will become our duty to see to it that this fact is known in every city and town and every high school and college from Seattle to San Diego. How shall these things be accomplished? There is scarcely a limit to what one strong man may accomplish if he *wills* strong enough and long enough. Multiply what one man may do by the number of Eclectics in this state and what may they not do if only they *will* strong enough and long enough. Will they all unite and work for the success of our cause. Probably not, but the old proverb, united we stand divided we fall, is only half true. Some one in the dark days of uncertainty in the Continental Congress said, "We must hang together," and the witty and wise Franklin rejoined, "Yes, if we don't hang together we will most likely all hang separately." But the colonies had their torries who preferred the ease of office to the conflict for liberty and they had their Benedict Arnold. They were divided but they did not fall. Later our country was again divided and the conflict over slavery was long and doubtful. Even the north was not united, they had their "Butternuts," but the country did not fall. We have had our Benedict Arnolds and those who find it most agreeable to their little selfish souls to drift along at ease in the direction of least resistance. To have their thinking all done for them at the laboratory of some vaunted, very scientific and ethical patent medicine establishment. It is so easy to soothe their patients with coal tar remedies or some other hand-me-down all-ready-to-wear, guaranteed to fit, polly materia medica compound or thrust into their veins anti-toxin from some all ready to shoot, thoroughly sterilized, laboratory prepared tube. No matter if one does occasionally die of heart paralysis or blood poison there are plenty of friends in the profession ready to certify that the deceased was treated in the most approved scientific manner. But, these men are only barnacles or parasites. The hard working, conscientious, honest Eclectic must do this work in spite of impediments and in spite of the obstacles thrown in their way by politico-medical designers. Truth crushed to earth will rise again stronger and brighter for the experience. A rough gem must be polished by friction.

"Truth forever on the scaffold,
Wrong forever on the throne
Yet that scaffold sways the future
And behind the dim unknown
Standeth God within the shadow
Keeping watch above His own."

ABNORMAL PSYCHOLOGY AND PSYCHOTHERAPY.

H. C. Solomon, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

The subject of abnormal psychology is both large and important. A thorough understanding of this subject is most necessary for the treatment of psychic and functional diseases; but not here does its significance end. As a supplement to the study of normal psychology it is invaluable. Many are the conditions that can be better studied in the exaggerated conditions of abnormality than in the normal state. Further it is an important and perhaps necessary supplement to the doctor in the treatment of organic ailments, where physical and psychotherapy aid and support each other.

Notwithstanding its great importance, until comparatively recently very little work has been done along this line. The reason for this laxity has been twofold, first, the practical importance was not grasped, and, secondly, an efficient technique was wanting. More and more has the practical importance of the psychic element been literally forced upon the medical profession both by the successes of the hypnotizers, quacks, and faith cures, and by the researches and experiments of scientific men. The necessary technique has also been found in the use of *hypnosis, states of abstraction, crystal visions, automatic writing*, the experimental study on a scientific basis of hysteria and other mental diseases. The result is that today the importance of this point of view is being more and more understood, and its uses applied.

The men whose names are connected with the scientific study of these conditions and who have helped to place it on a scientific basis include those of Charcot, Liebeault, Bernheim, Janet, Wetterstrond, Forel, Freud, Munsterburg, Prince, and others. Much has been done by these men in systematizing and explaining the conditions described. The work has been done chiefly by medical men, and hence with the view always in mind of the relation to Psychotherapy.

At the present we are living in what is practically the first period of the study. Most of the pioneers of this field are still alive and working. The result is that most of them have their own pet theories that they have worked out themselves as the result of much labor and experience, and in opposition to their colleagues. So we see a great diversity of opinion in regard to most of the theories. We find Bernheim explaining everything as due to suggestion. Then comes Janet, following somewhat in Charcot's footsteps, denying the universality of suggestion, and

introducing the idea of the "retraction of the field of consciousness." Forel stands strong for the psycho-therapeutic merits of hypnosis, while Dubois opposes the use of it as dangerous and ridiculous. Freud advocates the method of psycho-analysis, and Sidis argues in favor of the hypnoidal state.

However, in spite of the apparently great diversity of opinion in regard to practice and theory, after a survey of the field I think that we will find that the greatest difference lies in the wording and the definition of terms. With the entrance of the new generation into the study of the conditions, who have the advantage of the work that has gone before, not only will the existing differences be cleared up but great advances are sure to follow.

It will now be our effort to briefly outline the work that has been done and give a survey of the field.

In the first place it becomes necessary to make a point of departure. For this purpose we will start by assuming the theory of psycho-physical parallelism, i. e., the correlation of the mind and body. We do this in spite of Forel's objection to this. Forel pleads strongly for the theory of monism, that body and mind are one and hence the same thing can not be parallel to itself. But however this may be from a metaphysical viewpoint, Forel when he stands out for monism means nothing different than the authors who speak of psycho-physical parallelism. The important point here is that there exists this close relation of mind and body.

In order to have thought it is necessary that there be physiological activity of the brain, a physical process. Further every sensation, every perception, every incoming nerve current makes its effect on the brain and this in turn affects the psychic life of the person. Many are the influences that work on us without our knowledge, perhaps changing our judgments, or altering our wills, or forming our ideas. It is not necessary that an influence be known to the personal consciousness in order to have an effect not only on the physiological structure of the brain, but also on the psychic life of the individual.

We have just indicated that all cerebration is not conscious, or at least not known to the personal consciousness. In defining consciousness we will follow Forel: personal consciousness is a purely subjective state that can only be realized through introspection, and is dependent on the physiological activity of the brain. If all cerebration is not realized in the personal consciousness, where is it realized? It is realized in the subconsciousness so-called.

But before entering into this discussion it were perhaps wise to explain our position as regards memory. How are the

phenomena of memory explained? There are three processes necessary for memory. First, there must be a registering of the impression in the brain, an altering of the brain in some way. Secondly, this impression must be conserved and kept in the brain. The last process is the reproduction, they again bring into function of these brain processes. Now an impression may be registered in the brain but if it is not conserved it cannot be obtained when it is wanted. As long, however, as the impression is conserved in the brain it is only necessary to have a sufficient stimulus to have reproduction. As time creeps on and there has been no stimulus to this centre, no reproduction, the associatory paths become weakened, inhibitions increase, and after a time the ordinary stimuli are not sufficient to cause a reproduction, but a stronger stimulus coming may produce this.

So we find that the ordinary sensations of life are stored in our brain in some unknown way, perhaps in chemical or physical changes in the composition of the fibres or cells of the brain. These may remain unused for years and then suddenly being excited be reproduced. Not only are the impressions of which we are conscious capable of being registered, conserved and reproduced, but often impressions of which our personal consciousness is unaware may function in this manner. As a proof of this: A person may be sitting in a room, absorbed in a book, while a conversation is being carried on. Ask him what was said and he will say that he does not know. Now hypnotize him and it is probable that he will be able to repeat the conversation. In other instances people are able to recall the whereabouts of lost or misplaced articles when in hypnosis or in states of abstraction. Here again the act may have been performed unknown to the personal consciousness, and yet be registered and conserved in the brain.

Similar conditions can be shown by crystal visions and automatic writing, but this is sufficient to make clear the point. There is still another set of impressions that are registered and conserved in the brain, and which have their influence on the acts of the individual. These are due to the functioning of the viscera, and of course are not capable of reproduction as are the others.

This condition has led to the conception of the conscious and subconscious mind, the conscious and subliminal, or as Forel terms it, the super- and hyper-conscious mind. But there is a great difference of opinion as to where the line of distinction should be drawn. On the one side are those that would have the subconscious mind the important factor in the functioning of the individual. In support of this view we find Worcester, the founder of the Emmanuel movement. A little less

radical we find others who put this mind into a secondary condition, but still very important in the mental life. In this camp are to be found the greatest number of authorities. At the other end of the scale we find Munsterberg.

To quote from him: "The story of the subconscious mind can be told in three words: there is none." But as he goes on to say, it takes many more words to make clear what he means by this. According to him all mental activity is accomplished by the physiological activity of the brain. Consciousness is simply a state of awareness, so whether this activity comes into the field of awareness, i. e., consciousness, is but a secondary matter, and hence there is no need of the conception of the subconsciousness. Now in the cases described, according to this author, it is not a matter of the submerging of the conscious mind and the free functioning of the subconscious, but rather the weakening of the inhibitions, in the special or artificial state. To this view Bramwell also seems to incline, and it must be admitted that it is at least possible, and even likely.

According to the other theory, we have present and functioning simultaneously the personal consciousness and the subconsciousness. In support of this theory, besides the facts already mentioned, is the fact that in certain abnormal conditions the subconscious mind may alternate with the conscious.

Much useful work is accomplished by the subconscious mind. All the functions of the viscera, with the exception of the reflexes, are controlled by this portion of the mind. Our habitual movements, which we make apparently unconsciously are performed in this way. Many are the flashes of thought, the ideas that suddenly come into consciousness as it were from nowhere, but in reality originating in the subconsciousness. This is the condition in normal minds. Where is the distinction of the normal and abnormal?

There is no sharp line of demarcation between the normal and the abnormal. What is normal in one person might be abnormal in another. According to Prince the normal mind is that mind which is best fitted physiologically, anatomically, and biologically to react to the environment. As we see this definition does not help us a great deal in saying which is normal or abnormal. As the normal we take the general average condition of society. Any deviation from this general average, when the mental condition of the individual is such that he is not best fitted to perform his functions, not able to properly orientate or differentiate his impressions and emotions, not able to fit into the scheme of society in which he finds himself, we say the condition is abnormal. When these deviations are marked, there is

no difficulty in recognizing them, but it is the intermediate states that are apt to confuse us.

These various abnormalities may be divided into four main groups, as a matter of classification to simplify the handling, though of course these groups are by no means exclusive. Conditions that are placed in one group may well be put in the other if another point is taken as the criterion for the classification. The groups suggested are, (1) motor phenomena, (2) sensory phenomena, (3) emotional phenomena, and (4) intellectual phenomena.

Under the heading of motor phenomena may be placed, chorea, ties, spasms, tremors, catalepsy, asphyxia, and aphasia.

In the next grouping of sensory phenomena will be placed, amaurosis, diplopea, akinesia algesia, anasthesia, and illusions.

Among the emotional phenomena we place, dipsomania and other manias, fixed ideas, phobias, impulsions, obsessions, hallucinations.

In the last group of intellectual phenomena we classify, amnesia, alternations of personality and dissociations, auto suggestions, co-conscious phenomena, hypnosis, and somnambulisms.

In the case of ties, choreas, spasms and tremors, the control of the voluntary muscles becomes lost to the personal consciousness and the arms or legs or other parts move around without the subject being able to control them and often without his knowledge. The important part to note is that in all these cases the starting point was some emotion that the subject had. This may have been the result of a dream or bad news or what not, but after the emotional shock, this condition will be found to exist. Usually at the time of the shock this particular motion was being gone through. The control then of these particular voluntary muscles seems to be cut off from the personal consciousness.

In aphonia, asphasia and asphyxia the conditions are much the same. Although there appears to be no lesion in the brain and although the muscles are apparently in good condition, the power of functioning is lost. It can further be shown that this power is only lost to the personal consciousness, for often in sleep or in hypnosis, the subject who in the waking state is afflicted with asphasia will be able to talk. In these cases also it is some emotional shock that is always the starting point of the trouble.

Again in the sensory abnormalities we find the conditions much the same. The subject may be afflicted with amaurosis, or diplopea, and yet an examination of the eyes will show that there is nothing wrong with them as far as can be seen. Fur-

ther in these cases it can often be shown by little devices, such as the Letters of Snellen, or the Box of Fleece, that the vision is not affected, yet the subject seems to be suffering from a derangement of vision. Or the subject may have anasthesia, either localized or general. This will not bother the subject a great deal and often he will not be aware of it until told of it by the doctor. Further it is found that the subject is not bothered by the anasthetic part; it does not get burned or cut or frozen as is the case with people who have a lesion of the nerve. In this case, also, in sleep or in hypnosis, the anasthesia can be made to disappear, so we see that it is similar to the anasthesia that can be produced by suggestion in hypnosis.

In this place we might also speak of paralyses that are very similar to the conditions already described. In these cases there is no apparent lesion either in the brain or of the nerves. The reflexes are all normal, there is not the condition of atrophy that is usually found in cases of organic paralysis. The subject shows no concern in these cases, makes no effort to move the paralyzed part. Another great peculiarity of these cases is that the region paralyzed is not a physiological or anatomical region, but rather corresponds to the popular conception. Thus a paralysis of the hand will take the form of a glove, which is not in accordance to the course of the innervating nerves.

It is these conditions with a host of others, as ties of respiration and alimentation, somnambulisms, etc., that go to make up the condition that is called hysteria. In fact we find in this condition a simulation of all diseases. There are a few criteria, however, that help to differentiate the functional diseases from the organic.

We find these conditions occurring in people who have a nervous history. In all cases the start of the trouble was caused by a mental shock. This may have been preceded by some physical cause that gave a semblance of reality. Thus a case of paralysis was caused by a fall apparently, but the harm done by that fall was so slight that it was impossible to have been the cause. So when we trace the history further, we find that the little girl who was the subject received the fall in fight with another little girl, and it was the circumstances involved that made the trouble. Her mother had warned her not to fight, and in the fight she had soiled a new frock, so in addition to the anger provoked by the fight was the fear of the punishment for disobedience. Here then in the

mental condition was the stimulus that brought on the paralysis.

In almost every case we will be able to find that there is an emotion that starts the trouble. This emotion may be entirely unconscious, originating in a dream.

These facts lead to the conception that these are cases of psychic disorder, which react on the body. In explanation of these phenomena, Charcot claimed that they are due to suggestion. It is found that these subjects are very suggestible. Every one is more or less suggestible. At the sound of music the thought of dancing is suggested and the feet move involuntarily. Now in the subjects who have these troubles it is found that the suggestibility is greatly exaggerated. At the sound of music, not only do their feet move, but they get up and dance. So Charcot came to the conclusion that their troubles were all due to this exaggerated suggestibility. It was the exaggerated growth of an idea. When once convinced that they could not move their hand, it became paralyzed.

This idea of suggestibility as being the cause of all the trouble does not satisfy Janet, who can not see in it the explanation of an anasthesia that is not recognized by the patient until told of it by the doctor. Neither does this satisfy him in accounting for the extreme absent mindedness or abstraction which is very common in these subjects. To explain these conditions he offers the idea of the retraction of the field of consciousness.

Ordinarily when a sensation or idea enters the field of consciousness, besides being recorded, it becomes associated with the great complex forming the personal consciousness. Thus every sensation or idea in the personal consciousness is related and associated with hosts of others, and each react on the other, forming inhibitions and reinforcements. Sensations of sight will call up sensations of the tactile sense, ideas, etc. This is the condition in normal minds. But when an idea enters into the narrowed field of consciousness, it does not awaken the many other ideas to act as checks and reinforcements, modifying the idea, but instead it goes on developing to the maximum.

Another and somewhat similar explanation is that there is a dissociation of the field of consciousness. In the normal condition as we have already seen there are connections and associations between the various ideas and sensations stored up in the brain, forming the personal consciousness. Now at times there will enter in an idea that does not become connected with the rest of the personal consciousness, or if con-

nected the associatory paths will become obliterated. Now as this is not connected with the rest of the personal consciousness, it will not ordinarily function, but will remain by itself, that is dissociated. Now suppose that a stimulus sufficiently strong to call it into activity is received, what happens? It functions, but as it is not connected with the rest of the personal consciousness, it functions alone.

Now to apply this conception to the conditions described. In the case of tics and choreas the control of the muscles has become dissociated from the personal consciousness, and they go on acting without relation to the rest of the organism, and can not be controlled by the personal consciousness. So in the other examples mentioned, the control of the voluntary function has become dissociated and can not be brought into play by it.

When we hypnotize the person, however, many of the inhibitions are removed and we get the associations in this hypnotic personality.

And now we can take up a consideration of the phenomena which are less characterized by physical demonstrations, but are more entirely psychic or mental. The conditions in all these cases we will find to be very similar and to be explained by dissociation.

Phobias, fixed ideas, impulsions and obsessions are closely related in their causes and demonstrations. We find that a person suffering from a phobia is afraid of a certain thing although they know that it will not harm them. A person suffering from agro-phobia will be afraid to cross an open field though they know that no danger lurks there. They are as much chagrined over their fear as others are impatient, yet they seem unable to overcome it.

The explanation of this condition is fairly simple. On examination it will be found that at some time in the person's life they experienced a shock or fright in crossing a field. This experience was engraved in the brain in the form of a complex, it was registered and conserved. It may be that the original experience had become entirely forgotten, but in these cases it can be often recalled in hypnosis, showing that it was retained. Now it is found in all these cases that the emotional tone is much stronger than an experience itself, and thus although the experience and all connected with it may be entirely forgotten, the emotional tone of fear will still remain. Then when this person approaches an open field, a sufficient stimulus is offered to bring up the emotional tone of fear. This complex seems to be dissociated from the personal conscious-

ness, so the subject has no control over it, but it functions unconsciously whenever the stimulus is given.

(It is in a case like this that we see that the discussion of the subconscious is merely one involving terms, not principles. It makes little difference whether we say that this complex is formed in the subconsciousness, and that its functioning is the functioning of the subconscious mind, or that it is a purely physiological activity (as Munsterberg would have it) that functions without the intervention of the consciousness, which is simply the state of awareness. This idea of the subconscious functioning of these complexes leads to all manner of arguments as to the field of the subconscious. We can arrive by this means to the conceptions of the co-conscious activity of the subconscious, or what not, but we will not enter into that discussion here as too theoretical.)

The important point that we arrive at here is that there is the formation of a complex outside of the field of consciousness. Here then we see a connection between this purely psychical condition and the others that we have already described, in both cases we find a dissociation of the consciousness. Another point that should be strongly emphasized is that the emotional tone is stronger than the memory of the experience itself. This is important in understanding that circumstances that are entirely forgotten may still greatly influence the mental condition of a person. It is also important in psycho-therapy, as will be brought out later.

Fixed ideas are of course practically the same as phobias, so what is true of the one is also true of the other. The same is also true of obsessions and impulsions. In the latter case a complex is formed apart from the personal consciousness, and when this is stimulated the subject feels an almost irresistible desire or impulsion to perform a certain act. Thus as a person is reading of a suicide the impression may become so strong that a complex of this sort is formed. After the memory of this particular suicide is long forgotten, the emotional tone may still persist, and the person may have a desire to commit suicide every time that this complex is stimulated, although nothing could be farther from the thoughts in the personal consciousness.

With this conception in mind we can have a kindlier feeling to those unfortunates who are dipsomaniacs, or dope fiends. In these cases it is found that a start was probably made in the manner of an experiment or for medical purposes, and then the complex formed. Thereafter although the person may have wished to quit it, he found that it was beyond his

control. This is what is called a habit neurosis. When the act has been performed a few times it becomes habitual, that is it is performed without the connection of the personal consciousness. After a time it becomes so habitual and automatic that the personal consciousness is not even able to control it or stop it.

Amnesia at first sight might seem to be somewhat different from the other phenomena described, but it is very similar in its explanation. What really happens is that the connections or associations of these complexes, which are forgotten, become weakened or perhaps entirely destroyed, and inhibitions are formed. These complexes then simply become dissociated from the personal consciousness, and consequently are as if lost, for they can not be recalled at will. However, it may easily be shown through hypnosis, or abstraction, that they still exist conserved in the brain, and that it is only the connections that have been weakened.

Somnambulistic phenomena are extremely interesting in this connection. In these cases it is found that the subject after receiving some great shock will occasionally go into states that are different from those of the normal condition. In the popular conception it is sleep walking. The subject will go into a state of abstraction and while in this state will go through complicated acts. As a rule in this condition, the subject will live over the circumstances of the shock. While in this state he will be oblivious to all that is occurring around him, he is to all intents and purposes asleep. On coming out of this state he will have complete amnesia for the acts. In the simpler cases, it will only be a single idea that has possession of him. In the more complicated cases he will enact whole scenes and experiments. In other cases it takes the form of fugues, and the subject forgets all his life and runs away, living for weeks and months in this condition, being totally ignorant of his past life, and then he will awake in his former condition. On awaking he will have total amnesia for the intervening time.

Here again the conditions are the same. A complex is as the result of some shock. This complex may be of greater or less extent, but in any case it is dissociated from the personal consciousness. Now when this complex is stimulated it functions, but as we have seen it is dissociated from the personal consciousness, so all that happens during its functioning has no relation to the personal consciousness, and it knows nothing of it. When another stimulus is received that is strong enough to bring the personal consciousness into play, this

other consciousnes retires. There is no connection between them, so what happens in the one is not known in the other.

Multiple personality, alternating personalities, disintegrated or dissociated personalities—the terms refer to the same condition—is practically the same as somnambulism. In the case of disintegrated personality, the complexes may be more highly developed than in the other case. There may then exist two or more distinct personalities, each with complete amnesia for the other, or the case may be somewhat complicated by one of the personalities being aware of the states of the other. The number of cases of this sort is rather few, but they all indicate the same thing, namely that there is a dissociation of the consciousness.

The main point to be emphasized in all these cases is that there is a functional division in the state of consciousness. It makes little difference if we say that this is a retraction of the field of consciousness, narrowing down to one complex to the exclusion of the others, or that there is a dissociation of this field and that the complexes are separated from each other by a functional arrangement. In either case we see that there are formed in the brain certain complexes that are not connected with the rest of the field of consciousness by the ordinary associations, and hence are not brought into play as are the others. When a sufficient stimulus is received to cause a complex of this sort to function, it in its turn functions without stimulating the rest of the field. In this way it may run on greatly exaggerated, not having any associated ideas to act as inhibitions or reinforcements. Now the result will be just in the ratio of the magnitude of the complexes. If the complex is simply made up of a lone idea we will have a fixed idea, a phobia or an impulsion. As this complex becomes more complicated, the result will be a condition of somnambulism in which the person accomplishes complicated acts. It may go still further, reaching the condition of a multiple personality. In this condition the complex is so highly developed that it may act as a veritable consciousness and will increase in extent by the addition of new complexes.

These conditions then are entirely psychic in their nature, being an alteration in the fuctional arrangement of the brain. But these derangements have an effect far more reaching than a mere psychical one. As has been shown, the results may be shown in the physical alteration of the organism. Through these functional derangements there may result conditions that simulate all manner of organic diseases. It may be shown by trouble with the alimentation, with the sight, hearing, or

any other function of the body. When these conditions exist, the person is said to be hysterical or to have hysteria. There are many secondary conditions that accompany this disease, as inability to fix the attention, weakness of the will, extreme suggestibility, or a tendency to abstraction, but the important point is that the subject has this retraction, or dissociation of the field of consciousness.

I think that if what has already been said is true, there can be no doubt that in all these conditions of abnormality, the underlying principle and cause is the same. It is due to a retraction of the field, or in other words a dissociation of the field of consciousness. The cause, as has already been stated, is a shock of some sort. It has often happened that this shock has happened as the result of an accident, chiefly railroad accidents. This has led to the use of the term traumatic neurosis. From this it would be supposed that the condition ensuing was the result of the physical accident. This is not the case. It is the emotional shock that causes the trouble. It will be seen at once that a railroad accident furnishes plenty of cause for such a shock.

The question naturally arises as to who is likely to be subject to these conditions. I think that everybody is more or less likely to have them, depending largely on the general state of health. There can be no doubt but that in this age of hurry and excitement that more nerve force is often expanded than the organism can well afford. Then there results a condition of general fatigue of the nerves, in which state the organism is more likely to be affected by a shock.

But in addition to this artificially created weakness, it is found that there are a great number of people who are in a very nervous state at best. These people make up the great army of the neurasthenics, psychosthenics, or they suffer from some form of psycho-neuroses—the terms mean the same. The tendency to this condition is inherited and is easily exaggerated. It is among these that the great number of abnormalities are found, and this history of neurasthenia is most important in the diagnosis.

It seems reasonable and logical that for the treatment of purely psychical or functional diseases, to use a psychical method. Certainly an amaurosis that exists only in the derangement of the associations of the mind can not be treated by drugs or other physical methods. What is left to us in these cases is the various methods of psycho-therapy.

By psycho-therapy is meant simply the treatment of the abnormal conditions by psychic methods. The technique used

varies practically in the hands of every one who uses it, but in every case the principle is the same.

First, let us take up the condition as in phobias, where as we have seen, the trouble is caused by the functioning automatically of complexes that have become separated from the field of the personal consciousness. In order to stop the trouble, it is necessary to prevent this complex from functioning. At first sight it would seem sane to try to eradicate this complex, but the trouble with this is that there is no way of doing this. A brain path once formed cannot be obliterated by artificial means. The way to overcome the condition is to form an inhibition that will prevent the former from functioning. This may be done by forming a complex in the opposite direction that will be strong enough to function when the other formerly would. In this way the complex that is detrimental to the welfare of the individual will be prevented from functioning. As an example: suppose a person is afflicted by a phobia for insects. It is usually sufficient to form a complex in the person's mind showing them that the insects are comparatively harmless, and that they are performing duties of nature in destroying decaying matter, etc.

In some cases it is necessary to find the cause of the trouble in order to counteract the disturbances. It is necessary to convince them of the error of their views. But in any case the principle is the same: to inhibit the troublesome complex from functioning.

We can now turn to the other cases, where the trouble is due to the control of a function being lost to the personal consciousness through a dissociation. In this case it becomes necessary to synthesize this complex controlling the function, and which has become dissociated to the personal consciousness. In other words it is necessary to form associatory paths between the dissociated complex and the personal consciousness, or at least to strengthen those that have become so weakened that they no longer function.

The cure in the two cases then are brought about by different corrections. In the first instance it was by inhibiting the complexes from working; and in the second, by a synthesis. But in both cases the same thing is accomplished, the action of the dissociated complex is stopped.

Now as to the technique used in accomplishing these results. This is purely a matter of personal opinion. In the first instance it is necessary to get a person into a condition in which they will readily form the complex desired for their cure. The exponents of hypnosis will say that the hypnotic condition is ideal for this purpose. The subject is easily suggestible, and

the complexes thus formed without the objection and doubts of the subject will function after awaking. There are, however, a great number of people who cannot be hypnotized, and hence this method could not be used in their case.

Sidis prefers the use of the hypnoidal state, as he calls it, in that everyone can be brought into this condition, and further he claims it is less artificial. The hypnoidal state as he uses the term, is simply a condition of extreme abstraction and lassitude. In this condition the subject is said also to be very suggestible. In reality it is just on the borderland of hypnosis.

Dubois goes one step further and wants the use of no artificial state. He treats the patient in their normal conditions, and builds up the complexes by logical argument and the sane discussion of their condition, and the principles of abnormal psychology.

In the second case where it is necessary to form a synthesis, the same methods are applicable. As we have seen it is simply necessary to get the associatory paths that have become weakened to function. In the hypnotic state, it is possible to get paths to function that ordinarily are too weak. In this way in hypnosis the paths may be strengthened through use and suggestion.

Here again Dubois will tell us that this is entirely unnecessary and that it is only necessary to convince the patient wherein the trouble rests, and get them to make an effort to overcome it. It is necessary to get them to fix their attention on this point very intently in order to overcome it. But this is a very difficult thing to get a hysteric to do, and it takes a man with a very strong personality to accomplish this feat, and it is not every physician that is blessed with such a personality, as is Dubois. Hence it will be seen that this method is not practicable to all. Fortunately the trouble of not being able to hypnotize the person is not frequently met with in this connection, as most hysterics are easily hypnotized.

I believe that from the preceding discussion it is evident that the functional abnormalities can all be reduced to a common principle, to the derangement of the ordinary associations of the mind. In other words it is due to a dissociation, or the cutting off of the connections of certain complexes from the field of the personal consciousness. The results to the functioning of the organism caused by this are many and diverse, but the underlying principle is the same.

As the cause of the trouble may be narrowed down to one principle, so is the principle of the correction the same. It is simply necessary to prevent the independent functioning of com-

plexes that have been separated from the personal consciousness.

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CRATAEGUS AT LAST ESTABLISHED.

By Herbert T. Webster, M.D., Oakland, Cal.

According to the Medical Times, Dr. Thos. F. Reilly has at last established this agent as a reputable remedy in old school medicine. Our friends of that persuasion are slow, but they sometimes get there. It requires forty or fifty years in some instances, but in this case they are only twelve or fourteen years behind the times.

In order to "test the value claimed by sectarian schools" in cardiac disorders he has used it rather extensively within the past two years. He has found it of decided benefit in a few cases of non-compensatory valvular disease, in which there was an idiosyncracy to the use of digitalis. He finds that it has no decided diuretic action, nor does it raise the blood pressure to any appreciable extent. He concludes that it is a mild cardiac tonic applicable to weak and irritable cardiac conditions following grip or attending neurasthenia with marked arythmia of the respiratory type, where digitalis and remedies of its type are badly borne. This if often, he remarks, a result of the digestive disturbance they so frequently entail. Here crataegus often acts surprisingly well. It can do no harm in aortic disease and is worthy of trial in these troublesome cases. In fatty degenerations and in heart lesions associated with high arterial tension it should be a useful agent. Bully for Dr. Reilly. His ideas of dosage, however, are still in the unerystallized form—a little crude. He recommends from ten to thirty minims of a good fluid extract, or a dram of the tincture at a dose, and recommends its combination with the bromides. Those everlasting bromide combinations will not yet down.

It is considerable of a condescension to credit the use of

this remedy to sectarian schools. Formerly when such an exploitation was made it was through the "introduction" of a new remedy. The "sectarian" schools are attracting more and more attention, and are beginning to receive a little credit from the bigwigs in monopolistic medicine. If the Doctor will kindly omit his bromides and lessen his doses he will get nearer the proper status. He will find much better results from crataegus than he has already derived. But it takes time.

THE ECLECTIC LEAGUE FOR DRUG RESEARCH.

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Specific Indications:—*Abdominal pain accompanied by spasmodic muscular movements, heat and tenderness, the tongue being coated and reddened at the tip.*

Dioscorea is our most certain antispasmodic and sedative in irritative and sub-acute inflammatory lesions of the abdomen. It was originally advanced as a specific for bilious colic, for which it still stands supreme; the coated tongue, yellow conjunctiva and disturbed digestion being indicative.

A sinking feeling in the pit of the stomach has been given as an indication.

The pain and the character of the discharges have been variously described, the indications here not being clear. Some say the pains are sharp and sudden, shifting even to the leg or distant parts of the body; others, that the pains are steady but remitting in severity; that support and quiet give relief—or the opposite, the pains being increased by lying quiet and by mental effort; that the pain is worse before stool and in the morning. Some describe the stool as profuse and watery, others as scant, dysenteric in character.

Certain conditions, however, seem constant in the cases best remedied by this drug. There is always spasmodic pain, tenderness or pressure, nausea or vomiting, frequent painful stools, and evidences on the tongue and skin of irritation bordering on inflammation, if such is not actually present.

To me the cases in which it has appeared the most beneficial have had a history of indigestion or stomach derangement following a sedentary life with rich diet and constipation, or they have appeared among drinkers and irregular eaters, and in several cases of chronic appendicular inflammation, attacks were always brought on by debauches. A few days treatment with Dioscorea and Kali Chloride to prevent effusion and adhesions, and to promote absorption, invariably have brought relief. This to the detriment of my purse.

Ellingwood claims that it acts best in cases having a malarial history.

It has been claimd by Sobernheim that Dioscorea and Colocynth both act on the same plexuses in the abdomen, the one as a sedative, the other as a stimulant, this explaining the difference in their action and pointing out the cases for each. That Dioscorea affects the whole abdominal cavity, not to mention its use throughout the body, is evidenced by its usefulness in such diseases as cholera morbus and infantum, diarrhoea and dysentery, appendicitis, gall-stones (infective cholangitis), gastric and hepatic derangements, dysmenorrhoea, ovarian neuralgia, after-pains, peritonitis, etc. It has been advocated also in nocturnal emissions of the plethoric type, but usually other remedies are indicated.

In gall-tone colic Abbott writes that he began the use of the remedy in cases where the pain had first been benumbed by other agents, not having confidence in the remedy at first. In such cases he has found it to do excellent service and his use of the drug has steadily widened to dysmenorrhoea, and kindred conditions showing the indications of pain, tenderness and spasmodic action.

Recently several authors have advised the use of the drug hypodermically. In appendicitis thus employed, I have so far found it to ease the pain and control the inflammation Atropine is associated if the febrile tension is high, and Aconite, Veratrum, Bryonia or Kali Chloride is employed internally as indicated. These with heat locally and mild agents internally and by rectum for evacuating the bowel, have given me excellent results in appendicitis and I believe they will safely control most cases of the disease. I have made it a rule to follow up with several weeks' treatment with Dioscorea and Kali Chloride to absorb adhesions and prevent recurrances. This I keep up as long as there is tenderness on pressure over the appendix; or the tip of the tongue shows irritation. The diet meanwhile is regulated, avoiding irritating and rich foods.

Hypodermically the average dose is five drops repeated at intervals of fifteen minutes for acute pain. Internally the dose is one to ten drops of the Specific Medicine or Fluid Extract; 1-6 to 1 grain of Dioscorein. The action in purely spasmodic affections is speedy, one to two hours generally controlling the wrong. In inflammatory conditions longer administration is required. Many writers claim that the smaller dose is preferable.

Study for July, Staphisagria; August, Collinsonia; September, Xanthoxylum. Reports from physicians are solicited.

Tucumcari, N. M., June, 1910.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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MEDICAL SCHOOLS.

Our attention has just been called to an article in Colliers (Page 16, June 11, 1910) entitled "Poor Physicians, Mercenary Medical Schools." Said article masquerades as an editorial, but it is such a subtle perversion of the truth that we are loath to believe such to be its parentage. However, it may be that Colliers was the "midwife in charge of the case." In all fairness it should be stated that the apparent author carefully refrains from making a "live" statement of his own; all such being referred to an Abraham Flexner, a layman quite well but not too favorably known by most of our readers. While not presuming to answer all of the arguments presented—many of them do not concern Eclectics directly—we shall touch upon some of them as proof of the statements above made, even though the author does dare anyone to "yell liar."

Section 1 is an argument that there are too many medical men in this United States, and the writer clinches the argument by the statement that "they are four or five times as numerous as in older countries like Germany." The intention is to convey to the laity the idea that the doctors are a burden upon the people, and to the doctors the idea that their incomes will increase in the exact ratio as their numbers decrease. The fact is utterly ignored that in Germany all of the

obstetrics and much of the family practice is done by midwives. In reading the signs of Berlin, one reaches the conclusion that there are many more midwives than doctors in that city, and that the midwives are the more prosperous.

Section 2 alleges that the greater part of our graduates come from the "commercial medical colleges" and therefore they are ill trained. No argument or fact is presented.

Section 3 states that it takes more laboratory equipment and more money to educate medical men now than it did a score of years ago; and, further down is compared the laboratory facilities and incomes of a number of colleges. However, the number of students in each college is omitted, and the argument falls of its own weight for the lack of a keystone.

The idea is conveyed also that a doctor will not teach a student his profession except for money, whereas everybody knows that a doctor does more work for charity and the wish to help than does a man in any other profession or calling. The suggestion is the basest slander.

Section 4. "The existence of many of these unnecessary and inadequate medical schools has been defended by the argument that a poor medical college is justified in the interest of the poor boy. It is clear that the poor boy has no right to go into any profession for which he is not willing to obtain adequate preparation," etc. Passing over the first sentence, which is supercilious assumption, we come to the real argument—the meat of the cocoanut. Let us write this next sentence again with a slight modification of the text. "It is clear that no boy has a right to go into any profession for which he is not willing to obtain adequate preparation." That is better—it does not smack so much of prejudice and social caste. Now the question: What is an adequate preparation for the practice of medicine? And the answer to this is: It all depends upon the kind of people for whom the doctor is to work. A Harvard graduate ought to be a success among the cultured of Boston; but what is he among the mountaineers of Kentucky or Tennessee? A failure! On the other hand, a mountaineer may be a graduate of a night medical school and be a success among his own people; a success not only financially, but in actually curing their diseases. Quite rapidly each man will gravitate to his own, even if he have not enough sense to do it at once. The idea is that while the A. B. man is a necessity in a way, yet it is a very small way, for he can never hope to "get in touch" with more than a fraction of the people. Just at present we have one class of medical colleges graduating men of a certain standard and

another class of colleges graduating men of another standard. Each standard will fit a certain class of the people and no other; and it is senseless to say that one standard is better than another. It is the usual question of demand and supply. Furthermore, what business is it of Abraham Flexner or any doctor in Massachusetts what standard the doctors in Georgia adopt? We are aware that the usual answer is the protection of the people, but who appointed us the sole guardian of the dear people even in our own state? Who ever heard of the people asking for medical laws?

In this state all such laws have been passed upon the insistence of the allopathic members of the profession and designed primarily to lessen competition. The scheme originally was to kill off the independent colleges by having the State Board of Examiners give a very strict examination and thus fail their graduates. Upon trial, however, they received better grades than the average. Now it is claimed that a man's fitness to practice cannot be determined by an examination because the applicants stuff with a compend, all of which is nonsense. The practice of medicine is not contained in any compend or set of compends. Your successful practitioner has no use for such books.

The remainder of the article is divided in thought. One idea is an indirect plea in favor of vivisection—a practice which many able men, even in the allopathic school, consider a blight upon the profession; and the other idea is an unfair comparison among various colleges. Throughout the entire article the fact that the people have a right to the services of whomsoever they please is entirely ignored. It is a form of paternalism rampant in Germany and growing very rapidly among us.

All in all it is such an article as an attorney would present for a client, and we are surprised and grieved that Colliers should forget that there are always two sides to a case.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of Califoirnia, meets in Los Angeles, May 24, 25 and 26, 1910. John Fearn, M.D., Oakland, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in

Los Angeles on May 10, 1910. A. P. Baird, M.D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, June 7th, at the usual hour and place.

The application of Dr. C. W. Ray, Whittier, for membership was received and voted upon. A unanimous vote was cast for his election.

Dr. J. G. Thompkins, San Francisco, was a visitor.

Dr. J. C. Solomon, the regular essayist for the evening, was not prepared, but presented his son, H. C. Solomon, who read a very interesting and exhaustive paper on "Abnormal Psychology and Psycho-Theraphy." This was followed by a very thorough discussion by the various members.

The next meeting will be on July 5th, at 8 p. m., at the college. Dr. Holton will read a paper and Dr. Lawrence will furnish a clinical report.

Adjournment.

P. M. WELBOURN, M.D., Secretary.

JAMES BEARD, M.D., President.

NEWS ITEMS.

Dr. J. A. Munk, accompanied by his niece, Miss Grace Munk, left on June 18 for Boston to attend the meeting of the National. They expected to join the Cincinnati party in that city. On the return trip they will visit the Yellowstone Park and various points in Washington and Oregon.

Dr. L. J. Peterson, Lompoc, has presented a goodly number of books to the College, which are greatly appreciated and will be put to good use by the students.

Dr. A. D. Tilden, Riverside, accompanied two surgical cases to the Westlake Hospital recently and has made additional visits since the operations.

Mrs. Charles (nee Miss Ella Shiela) who will be remembered by many members of the profession as the first superintendent of the old Deaconess Hospital, died in Long Beach recently.

Dr. J. C. Reinsmidt, El Paso, Texas, is spending some time in the city and will probably locate here in the near future.

Dr. Hanna Scott-Turner, Pomona, was in the city recently and is much improved in health.

A doctor in Southern California would like to be relieved from practice for two months during the summer. He writes that the practice is dull but he is willing to pay a man $100.00 per month for his services.

Another one of our brothers, who has a fine practice and sanitarium in the state of Washington, is obliged to dispose of same on account of ill health. Yearly income of the practice and sanitarium is about $7000. This offer includes ten acres of A No. 1 fruit land.

READING NOTICES.

THE IMPORTANCE OF STANDARDIZATION.

The vegetable drugs used in medicine cannot always be grown under the same conditions. The soil, the season, the gathering time, the temperature—these are variable factors. Consequently, one cannot reasonably expect that the amount of medicinal substances in root, leaf, bark or seed will be constant. Two lots of digitalis leaves may look exactly alike to the inexperienced botanist, yet in content of active principle they may differ widely. As a matter of course, preparations of drug-plants must be variable in strength if made according to the antiquated method whose basic idea is that one kilo of crude drug will produce one liter of fluid extract. Suppose that the two lots of digitalis leaves referred to were extracted or percolated by the same operator, in the same manner, and during the same period of time. Would the products be of equal therapeutic activity? Obviously not. In each case the drug would be made to yield one liter of fluid extract, but this very fidelity to pharmacopoeial direction would carry over to the finished product the inequalities present in the crude drug.

The only way to secure uniformity in drug products is to standardize them—in other words, to adjust them to definite strength by systematic assay, chemical or physiological. This principle is now pretty well recognized by our leading pharmaceutical manufacturers. In fact, it is to one of the manufacturers, in all probability, that modern medicine owes much of its scientific character. Reference is here made to Messrs. Parke, Davis & Co., who were the first to enter the fields of both chemical and physiological assay and who have practiced and preached standardization for a third of a century.

It is a healthful sign that the medical practicioner of today is giving serious thought to the subject of quality in medicinal preparations, for it is a logical assumption that the

JOHN FEARN, M. D

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Original Contributions

PRESIDENT'S ADDRESS.

The Man Without a Home.

J. T. Farrar, M.D., Berkeley, California, President California State Eclectic Medical Society.

The great world with its billion of people scattered over plain, mountain, vale and hill, and clustered in almost every isle of the sea, speaking various languages and dialects, so classify themselves that by the law of social gravitation each is led either by environment or choice to appropriate as little or as much of his surroundings as may be of interest to himself.

The gathering of the various circles we call homes or domiciles and usually consists of those related by consanguinity, adoption, marriage, or banded together by fraternal ties. In either case here is the home. Here is the dearest spot on earth to him.

"Tender memories 'round thee twine
Like the ivy green 'round the pine;
Over land and sea we may roam,
Still will we cherish thee, our own dear home."

In my youth I was greatly interested in the "Tales of Hans Andersen." In one he takes as his hero a dog, calls him "Pedro." Being no place in the home for Pedro, a youth was sent to the creek to drown him. Tying a rock to the neck of the dog he hurled him far out into the stream. But the rock slipped out and Pedro, finding it was sink or swim, gallantly struck out for the opposite shore. Now alone in the world, with neither home nor friends, he seeks something he can do for himself, and this he does by doing something for someone else, and does it so heroically that he earns the gratitude of his protege and secures a home for the rest of his life. He plunges into the stream, rescues a drowning boy and the canine thus justly becomes the hero of the home.

The word homes is often used to designate a social or religious circle, possibly a brotherhood representing a class of individuals joined together for research into the hidden

mysteries of Mother Nature, who so dexterously unfolds her secrets only to those who diligently search. In any event a home is needed to bring out that which is best in a man. He grows best who has the best means of growing. He who has a home does more than the man without a home. Each individual composing the home unconsciously becomes an auxiliary of that home. So that we cannot absent ourselves from the home gathering without omitting a link in the chain of progress.

We might through circumstances over which we have no control, be deprived of the domicile we call home, but we can only through choice or neglect deprive ourselves of those brotherhoods or circles at which we naturally assist each other and where no limit is placed to mark our progress, where we may grow to giants in our calling.

Then all honor to the man who has a home or is building one. But God help the man who today is drifting on life's sea to—he knows not where. Storms enter his life, but he has no haven where he may anchor in security. He knows not who he is, where he is, or whither he is drifting. He does drift because a man without an anchoring place never rows against the stream.

Some time ago I saw a picture of a home-coming sailor. He was seated in his humble though neat cottage with his right arm encircling his wife, his left around his little daughter, which he designated as his little anchor on the left, the great one on the right. Without these two anchors his life would be devoid of purpose. He would be of little use to himself or any one else.

Dear friends, who are gathered here today, we greet you! You have left your duties, your cares, and your patients and have come to our annual gathering, not that you might, sponge-like, absorb ideas which will be of use to you in your profession, but like the rose which absorbs the dew of the morning and in return gives off a fragrance to all with whom it comes in contact.

You are not the man without a home. Your home is in the ranks of Eclecticism, where you have been nurtured and trained to skillfully manipulate the resources which nature has placed in your hands.

You work better because you are with us and one of us. In unity there is strength. We think the time has now come for all wanderers to return to the fold. Some in our ranks have wandered hither and thither up and down the green pastures of their noble calling, reaping the fruits of their early

training, yet not deigning to shed one ray of light that might illuminate the pathway of some one less successful.

Every man should have a professional home. I repeat, every man should have a professional home.

Your home is with us!

While we rejoice today at seeing you here we regret that so many of our school are so apathetic as not to align themselves with us. They are of us, but not with us.

Never were we so required to show our colors as now.

United we stand, divided we fall. We see the dawn of a new era in the growth of our national if we but strike while the iron is hot. Now is the opportune time! Our Eastern brethren extend us the glad hand and bid us God speed.

What are we doing for ourselves?

I leave the subject with you with the hope that each and every true-hearted Eclectic in the State will constitute himself a committee of one to gather in the homeless and enroll them in our ranks. Put on your armour once more and strike for the cause made dear by a century of progress and success.

Again I greet you!

VERATRUM VIRIDE.

Orin Davis, M.D., Sawtelle, Cal.

Read before the Southern California Eclectic Medical Society.

The superficial notion, once quite prevalent, that the physician who placed reliance upon roots and herbs to cure disease, could not be depended upon for success because his remedies were not sufficiently powerful. Observation and experience coincide to demonstrate that this once popular estimate is an altogether erroneous one.

As the world grows older and wiser, public opinion changes as it realizes that the vegetable kingdom is not only the source of supply to organized vitality, but furnishes the more efficient correlative forces to combat disease. Under the genial stimuli of warmth, moisture, atmosphere, sunlight, electricity and other equally subtle if not imponderable cause-fashioning agencies, there are interwoven into the woofy textures of roots and plants, according to their several vegetable patterns of development, remedial potencies, invisible curative powers, that at each returning year reappear with the same constituent properties that thus far elude the keenest insight and analysis of chemical pharmacy. Increasing knowledge of experimental therapia is continually exciting a growing interest in a broad field of curative agencies.

Your attention is invited for a moment to veratrum viride

as an individual experience, and we propose to speak of it from this standpoint, in its simplest, crude preparation; talk about it just as we prepared it for use and became acquainted with its remedial properties. We may premise by saying that acute emergent conditions call for a **controlling** remedial power, accessory to vital power. The belligerant signs of inflammation are heat, swelling, redness, pain, and a swerving from normal processes until it reaches the destruction of tissue.

When the doctor arrives it is his first business to learn the time, location and severity of the attack, inquiring after the exciting and predisposing causes of the inflammation, note position of body, character of the pulse, frequency of the respiration, temperament, sex, age, appearance of tongue, temperature, condition of stomach, bowel, kidneys, likewise observe the evidence of constitutional ability for resistance and endurance under the attack, which to the expert eye are all related facts instantaneously perceived. Almost intuitively the remedies indicated appear in thought. Principles, practice and experience are intimately interwoven and the older physician exercises immediate cognition of conditions, is familiar with their trend and confidently relies upon his knowledge of the efficacy of well known remedies.

Between 1854 and 1856 the writer began the use of Norwood's tinc. of the dried root of veratrum viride, noted for its violent action, and became familiar with its strenuous effects upon the nervous and sanguinary systems. Not only in acute conditions, but also in stubborn chronic instances of disorder, it exerted wonderful power in establishing a new remedial status. For various reasons later on, the use of the tincture of the dried root was omitted, and instead procured the green root early in the spring, before the snow had all melted and as soon as its green tops could be distinguished, immediately dug and sliced the root into thin pieces while the top was fresh, succulent and almost mucilaginous. No portion of its strength had forsaken the root and been expended in the growth of its rank leaves. Fill a five gallon crock full of the sliced root, cover it with 50% alcohol, in which let it stand for a month; then pour off the liquor and cover with alcohol as before, allowing it to remain for a month; then press the roots dry. Add the two tinctures and, which represents one of reliable strength, by varying the dose, obtain the effects desired. Prepared in this simple way, its powerful action is entirely devoid of harshness, operating kindly and efficiently, contrasting widely with those symptoms induced by the tincture of the dried root.

As an illustration of the specific control that tincture veratrum exerts in acute peritoneal and metritic inflammation following non-professional induction of abortion between two or three months' advance in pregnancy, I will relate two instances:

The first instance had the credit of being instrumentally induced by a woman in the neighborhood. The second one, the woman alleged that she brought it about by lifting a washtub partly filled with water when no one was in the house to assist her. The symptoms in the first case were pain, drum-like tympanitic condition of the abdomen, frequent wiry pulse, no local show, glassy eye, patient lying flat on her back and legs flexed, skin dry and shiny, and with every indication that marks a desperate condition. After I had treated her for three hours and realized the urgency of all her symptoms, two "regular" practitioners responded to my call for counsel and remained until towards evening, and when they left both said it was a hopeless situation. I was not at that time as well acquainted with the remedial strength of tincture veratum as I was afterward. Since their unfavorable diagnosis gave her only twenty-four hours to live, I determined to remain all night and administer that remedy ad libitum. There was nothing to lose, and everything to gain, if we succeeded. Surely, a crisis and a favorable one was reached in the morning hours of the new day. The news spread from mouth to mouth and reached the village even while we were intently observing favorable symptoms. The counseling physicians could hardly credit the good news, so much better than they had anticipated.

The second case brought about by lifting, when I arrived found her in bed and on her back, knees flexed, abdomen tympanitic and drum-like, full, tender to touch, and it did seem as though every symptom was too tense for recovery. She repeatedly asserted that there was no possible hope for her in her condition. She said she would pass away in six hours. I did not send for counsel, but dispatched a courier notifying her husband of her situation. I was not without hope, for I was learning the potency of tincture veratrum, and administered it in accordance to the severity and demand made by strenuous symptoms. With such other remedies as were indicated, these deadly, fortokening symptoms obeyed the rudder-like control of veratum, and my confidence in its superior efficacy in inflammation remains unshaken. It is needless to add that she soon regained health.

Briefly, the object of this paper is not a disquisition upon

varieties of inflammation, nor the numberless indications for the use of veratum viride. Neither do we discuss its therapia, nor offer a solution of the reparative processes except to remark that they are brought about by **vis medacatrix** inherent in the blood itself. In what special way veratum conserves good vascularization and counteracts the varieties and anomalies of the circulation, remains problematical.

One termination of inflammation is by resolution,—a gradual return to healthful conditions without proceeding to organic lesion. If we call this a resolvent process, the blood furnishes a refluent energy for recovery. Is there in veratrum an analogous resolutive energy that exerts an abortive influence over inflammation? Is it an excitant of recuperative energy, or has it an elective affinity and a local focus upon inflammation, indicating its remedial fellowship with restorative functions? It seems to possess a cooperative potency in **restraining, controlling** and **arresting** the progress of inflammation, a mighty contributory power to establish resolvent results. The controlling influence of veratrum over heart, arteries and peripheral circulation is easily demonstrable within sixty minutes after its administration. The future holds inviolate many such quests awaiting investigation and realization.

It is not very flattering to our pride to say it, nevertheless I have thought it, therapia is about as well understood by physicians as electricity is by electricians! For the present we push the button, turn on the power of veratrum and resolution is hastened on its mysterious way. The concurring experience of physicians attest to the fact that numerous qualifying remedial advantages are to be derived from the alternating use of gelsemium, echinacea and the camphor powder of the eclectic pharmacy to accentuate and modify control over vascular disorders of an inflammatory type.

P. S.—Beg pardon:—I neglected to state the reason why I never made a date with the Chicago Cathedral of Pharmacy, or whatever proper name the institution bears, and with due solemnity inquire if the preparation as I made the tincture veratrum is "ethical?" In those early days the bright little waifs, now paternals of that institution, must have been playing in their truss-up kilties, making mud pies and taking catnip "juice" for wind colic. They are up-to-date captains now of "regular" Pharmacy, and many an old skeptic would turn livid in the face at the thought of using an herbal remedy without their "ethical sanction." Success, boys.

THE MAMMOTH CAVE.

Ovid S. Laws, M. D., Los Angeles, Cal.

In 1849 while teaching a school in Barren County, Kentucky, I visited the famous Mammoth Cave.

The entrance is in Edmonson County, about 15 miles from my location, but it evidently ramifies under much of Barren county as it has several branches that are several miles in length and at that time no end had been reached. Although one of the great wonders of the world people living in that region never give it much attention. People from a distance are the visitors and it was with a party from the upper counties that I made the trip on a Saturday and Sunday.

We stayed over night at the Cave Hotel so as to take an early start next morning. A well trained guide is indispensable and is ready at proper times to conduct people as far as they wish to go. The entrance is large enough for a four-horse team to go in and turn around at the first room, which is large and not far in. It showed signs of having been used much by campers. We met a gentle breeze of air which comes out in warm weather and goes in when cold weather prevails outside. It is a fine stimulant to the visitor so that no one feels tired from the long ramble up and down, over and around all sorts of forms and some narrow passes. My memory is dim concerning the names of many points but the features are well remembered.

Not far in is a huge room called Star Chamber. The ceiling is black and forty or fifty feet high, well dotted with stars. These stars are made by visitors throwing stones which break the dark crust and leave a white star, large or small according to the size and force of the stone. We decided to go in as far as the river Styx, which they said was nine miles. We got there in such a short time and back without any fatigue that I concluded that nine miles would make the round trip.

Besides many of those large chambers with suggestive names I remember some huge formations made by the dripping lime water. They looked like huge icicles fifteen feet long or more. Some are hung to the rock overhead and point down. These are called stalactites. Some start from the floor and point up and are called stalagmites. I heard that a little girl once described the difference by saying "Stalactites hang down and stalagmites hang up." "The Bottomless Pit" is a noted point that we had to pass. Stones dropped in were never heard to strike bottom. Beyond the river Styx are the

famous "Snow Ball" rooms. But we did not venture over to see them.

These caverns are so extensive that farmers cannot find water by digging wells on many farms and springs are so few, and so they make ponds for stock to water and have water in barrels from some distant spring for family use. Therefore typhoid fever abounds in that region in the summer as I had abundant opportunity to observe five years later in my first year's practice of medicine. If the river Styx was on top of the ground it would be a great blessing to that section.

About twenty miles east is the noted "Blue Spring" that boils up the year around a great volume of clear water which is doubtless an outbreak of the river Styx, as I could account for it in no other way.

These things are of interest to me and no doubt are to some others, but it may be well to be brief.

THE PHYSICIAN AND HIS RELATIONSHIP TO THE PUBLIC HEALTH.

By Dr. M. E. Eastman, Santa Barbara, Calif.

Read before the Section on Hydrotherapy and Public Health of the California Eclectic Medical Meeting.

The physician is a necessity. The sick and suffering of humanity the world over calls for some one to alleviate their pains and aches and also instruct them how to avoid in the future similar departures from health.

To become a proficient physician it is needful to understand what constitutes health, and how best to maintain it. It is incumbent on the one who seeks to guide a mind to recovery of health, to know the component parts of the human organism, their function and office, and what is necessary in the way of work, play, drink, food and environment to maintain healthful action and to so restore when once lost.

The field of study is broad and the possibilities of doing good to the human family and yourself great beyond comprehension.

The physician's calling is one of the most honorable and far-reaching in its possibilities of doing good that there is in the world.

Humanity, with whom we are laboring, calls and beckons us on to greater accomplishments and degrees of efficiency. We must not disregard the call; not alone in restoring to health the one who has transgressed the laws of health, but

edueate individuals to avoid committing similar errors in the future.

Strenuous effort has been put forth by a few of the physicians of the laity during the past deeade and mueh progress has been made; the field is not yet covered and opportunities are all about us waiting for some person of energy and resourcefulness to push them into the forefront where the publie may reeeive the benefit of intelligent researeh.

The greatest good to the public in the way of self-preservation of life can best be aecomplished through the channel of education. This instruetion should be by example, personal and private talks, frequent issuing of suitable reading matter, and the enlistment of every person who realizes the need for sueh a work to be done among the inhabitants of our country.

The education of the publie should be along the line of hygiene, both individually and eolleetively: in the city, village and country.

Physieians should be the first ones to sense the need of sueh a campaign of edueation. They could seleet those individuals who have the welfare of people at heart and are willing to put forth the effort to improve loeal and national eonditions that a greater degree of intelligenee along health lines be attained. The physician should be suffieiently aequainted with the needs of his locality to guide in the work to be taken up, that every effort put forth may be effeetive. His early training in the medieal eollege pre-eminently fits him to take the oversight of a health eampaign for the publie betterment.

While every physieian is an edueator to a greater or less degree along these lines, in his every day routine duties, yet he should take the time to analyze the health and soeial eonditions of his eommunity with the purpose in mind of eorreeting the evils that may exist.

While the term "Hygiene" is suffieiently eomprehensive to eover the publie health question, yet for the purpose of detailed and definite study I have made subdivisions as follows:

Sourees of water supply.
Disposal of sewage and garbage.
Dairy regulations.
Sanitation of sehools, ehurehes and publie buildings.
Health of those attending publie and private sehools.
Health of ehildren and youth in faetories, etc.
State and national regulations.

I will briefly touch on each of these subdivisions as time will not permit of a full and detailed discourse on each alone. The thoughts advanced are for the purpose of providing food for our contemplations during the next twelve months when the subject may be dwelt upon more fully.

The physician whether in active service or on the retired list should become intimately acquainted with the water supply from which the public supplies itself for drinking and domestic purposes, in the community in which he resides.

If in a city or incorporated town where all the water for domestic use comes from one common source, contamination may enter and not be suspected until an epidemic of disease causes a search to be made for the cause. Rivers, lakes and springs which are usually looked upon as ideal sources of a city's water supply may become contaminated and the people drink from it year in and year out without knowing that the water is poisoned.

River waters are contaminated by sewers emptying into the current along its course, or as the stream passes through a coal region. A city's sewage system may pollute its own water supply. The drainage from a coal region contains protosulphate of iron; this decomposes under the influence of sunlight and oxygen and forms a sesquisulphate and hydrated oxide. The sesquisulphate when drunk at meal time when tea or coffee are taken forms with the tannic acid, tannate of iron or what is commonly known as ink.

The water from lakes and springs may become unfit for drinking purposes on account of limited gathering grounds of the water supply. The discharge of one person who has typhoid fever would probably not infect a large river, but if mixed with the water of a creek or spring might work havoc among those who received their drinking water from such a source.

Wells, other than artesian, are often polluted from the drainage waters, and many cases are recorded of nearly every member of a family dying as a result of poisoned well water.

Numerous books and articles for the public press have appeared from time to time upon this subject, and have accomplished much good, yet every household should have a pamphlet giving a clear exposition of the dangers from improper drainage.

Disposal of Sewage and Garbage:—

This sub-head immediately resolves itself into rural and city problems. Each differing from the other in attaining the neeessary sanitary conditions.

In the country and towns not supplied with a sewer system the disposal of sewage and garbage is comparatively simple, and the plan easily carried out if the inhabitants become intelligent as regards the method.

The old fashioned out-house with its earthen vault is an abomination and should be abolished, unless placed far away from a well and made water tight. To provide a place for human excreta the dry closet suggested by the Pennsylvania Board of Health seems the most desirable for general use. It consists of a pine box 30 inches long, 18 inches wide and 14 inches deep, divided into two compartments; one 12x18 inches and the other 18x18 inches. Into one division dry earth or ashes are placed and in the opposite compartment is placed an iron bucket. Over the box is placed a double cover which is fastened on with hinges. In the lower cover is cut a hole seat covering the iron vessel.

After depositing the excreta in the receiving vessel a little of the dry dirt or ashes is put into the iron bucket. A closet such as this may be placed any where in the house or in the old out-house without giving off any disagreeable odors.

When emptying the bucket be sure to have a selected spot a number of rods away from the house that is to be used alone for this purpose. Cover each deposit with a thin coat of soil and when a few bushels have accumulated the whole should be hauled to the field and used as a fertilizer.

For schools and large dwellings the dry closet may be constructed as an out-house with a dry catch. A pit is dug and its floor, sides and ends lined with brick or cement. In the back wall a door is made which leads by an inclined plane to the ground's surface. The voided urine flows into a small ditch filled with earth or ashes. A galvanized iron flap should be placed under the seat to prevent upward drafts and should work automatically. All excreta will thus fall to the floor of the vault and through the action of the nitrifying bacteria become humus. It should be removed at stated intervals however by some person appointed for that work. A rough sketch of a dry catch out-house is herewith attached as given in Rural Hygiene, by Harry B. Bashore, M. D.

Slops from the houses should be dumped into a receptacle used for that purpose and connected with a drain pipe which leads to sub-irrigation pipes or to a drain that will carry the water away from the drinking water supply.

Garbage waste may be disposed of in two ways. All combustible waste should be burned, either in the kitchen range, furnace or fire built out of doors. Non-combustible ma-

terial should be buried underneath a few inches of soil and permitted to humify.

In an incorporated city having a public sewer system the disposal of the sewage is easily taken care of. Garbage is either burned or taken away by a garbage man licensed by the city to attend to that work. It is generally cremated or allowed to humify. Tin cans and similar material are usually consigned to low pieces of ground to act as fillers.

Dairy Regulations:—

You are all aware that the proper regulation of the milk supply is one of the most important duties imposed upon the health boards of our cities and counties. The stringency with which the municipal and county laws are enforced has done much to lessen the mortality rate of those who consume milk and this is especially true as regards babies and children.

The first consideration is to have healthy cows; second, that the feed and water given to the cows is of a good quality; third, that the caretakers and milkers are clean and healthy; fourth, that the receptacles into which the milk is put for use be clean; that the quarters occupied by the cows be built to provide protection from the elements, perfectly ventilated and to enable each cow to have sufficient room to eat and sleep.

Cows should be examined by a competent person at stated intervals to determine their state of health. This expense should be borne by the public.

The physician in the country town and the Board of Health in the cities should see that the laws are on the statute books which actually protect the public from unscrupulous dairymen. And when once those laws are enacted make it your business to see that they are enforced.

You will not accomplish this by shouting yourself hoarse, but bring the matter to the attention of every individual in your community and the importance of their protection from disease. The law of self preservation is very well ingrafted into every person's mind and when once they are aroused to the necessity for action you can be sure of securing their co-operation.

Milk is a staple article in practically every home for twelve months in the year, and probably each person in that home takes a certain amount one or more times a day. It can be seen how important that this commodity be pure and healthful.

The death warrant of thousands are written every year as the result of consuming poor milk. The physician as a guardian of the health of his patients, and from the position

he occupies as a result of his education, should feel the burden of exercising his prerogative in agitating the question of suitable dairy regulations.

Sanitation of Public Buildings:—

In the erection of all public buildings there are several features which should be carefully and fully provided for. I am thinking in particular of lighting, ventilation and heating. If the structure is not fire-proof a system of fire escapes should be provided.

The education of the individuals in regard to the proper construction of their own homes in these matters will be of incalculable value in securing the passage of ordinances from your city council for the regulation of public buildings.

In the erection of school buildings the selection of a well drained site, and with sufficient play ground surrounding it. The building should have high ceilings, and a good hard floor. Walls painted or tinted in those colors which have been found to be the least harmful to the eyes of those who are reading. Should any trees be so near a window as to exclude light the tree must be removed.

Each class of public buildings is really in a class by itself, yet there are some general principles that apply to all, such as lighting, heating, ventilation, seating and the floor space per individual. All of these details should be worked out with due regard to the hygienic standpoint.

Health of School Students:—

While the health of each attendant at school is taken into consideration when the building is erected, yet many who go to school term after term are diseased and which will not be much benefited by school sanitation; such pupils require the attention of a physician. Such medical attention often enables the student to do better and more work while in school and thus is much better fitted to handle the problems that will come to him or her in after life.

Many students are backward in their studies owing to some disease with which they are suffering and neither the teacher, parents nor pupil be aware of it. This is where medical skill is necessary.

Diseases of the eyes, ears, nose, throat and sexual organs will be found in an alarming percentage of the daily attendants at our public schools. Many parents are indifferent to the child's health unless so ill as to be out of school, others do not think it worth while to have the child examined regularly to find out if there are any troubles that need correcting; some families are not financially able to have their children

examined by the doctor once or twice a year, and so many reasons may be offered to show how such a large percentage of the pupils in the schools are afflicted with a malady that decreases their efficiency as a student and later in life as a citizen.

Some measures should be worked out whereby every attendant at public or private schools should be periodically examined by a competent physician. I believe such an examination should occur at least twice a year and include a blood and urine analysis.

There is some agitation along this line in medical societies but it barely extends beyond the discussions at such meetings. The efforts are spasmodic. System should be incorporated into the work that something definite might be accomplished. The law of suggestion will operate here as well as in other lines. Whenever opportunity presents explain the benefit and necessity of thorough examination of school children as to their health. When a child is brought to you for examination be thorough and painstaking. Satisfy yourself, the parent and the child that you have done good work in looking for diseases. The cost to the parents should be considered in the nature of an investment; life insurance if you please.

Health of Children and Youth in Factories and Manufactories:

Much that has been written concerning the health of those attending schools will also apply to those who are obliged to work for a living during the tender years of life. We might to advantage include those who are working in department stores under this heading; especially those under sixteen years of age.

The asset of good health is apparent to the wage earner and also to the wage payer. Any method whereby a fair degree of health can be maintained through the year should be welcomed by both parties.

Many persons are working to-day in offices or stores suffering from the effects of a disease contracted in childhood or youth and which might have been eradicated if proper treatment had been instituted at the time when first noticed.

As you are probably aware, the majority of the employed in stores and offices are there for the purpose of securing a livelihood. Just about enough is earned to meet the every day needs of the home. Inroads into the weekly or monthly income means a curtailment in some one of the channels of necessity. Thus the expense of an occasional medical examination is put off until its absolute need is forced upon them.

The cost of examination should be borne by the wage earner and the employer. Some adjustment could be arrived at that would be fair to each party. These examinations should be at stated intervals and the examined given a written statement which could be used in seeking employment at another establishment so as to not be put to the expense of more than two physical examinations in a year.

Legislation:—

Reforms are always brought about through agitation. Many improvements will be accomplished by continual instruction to people through the columns of the daily press. Large and small periodicals should be edited for free distribution among families having children attending schools and working out, showing how to protect one's self from the contracting of disease. The correction of many wrongs in matters hygiene will necessitate legislative enactments.

Life long habits are not corrected in a few months. It takes generations oftentimes to bring about reforms.

Physicians should be in the front ranks of those who are seeking to promote health and happiness. Lay aside preconceived ideas; get into the road of research and free thinking; express your ideas even though they may differ with the established customs; the interchange of thought brings out truth more clearly. We, as physicians, realize the effects of wrong habits in the way of eating, drinking, sleeping and working. Let us then lend our influence in seeking to correct wrong practices even if we have to begin at home.

I believe in the establishment of a National Department of Public Health. This department to be for the whole population of our country. Considerable has been done by this government along such lines but opportunities are greater than the present service. Attempts are being made to accomplish more. The primary efforts will not do all that is seen should be done, but it is evidence of the fact that somebody is awake to the needs of the hour and is endeavoring to arouse the people to activity.

Study into the question and then talk or write to your state and national representatives about the matter. Lay your views before them and thus assist them in getting an understanding of what their medical advisers think is needed in the way of national legislation. It will be appreciated and no doubt see embodied in some of the laws enacted the ideas you advanced.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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OUR STATE SOCIETY.

The recent meeting of the California Eclectic Medical Society was a notable one in many respects. It was held in Los Angeles in our College Hall and the attendance comprised the same old men in about the same old numbers. It is not an original observation that the faithful few always may be found among those present.

However there was manifested more enthusiasm than usual for the cause of Eclecticism, which is encouraging. This happy result may have been owing to some quite spirited papers and impromptu speeches which were heard with interest and appreciation. Verily the old spirit of Eclecticism has not departed from among us!

One of the interesting features of this meeting was a dinner given by the Southern California Eclectic Medical Association with the members of the State Society as guests of honor. All present had a chance at speech making to the great merriment of those who had gone before.

Upon the unanimous solicitation of the members present Dr. John Fearn allowed himself to be elected President for the ensuing year. The duties of this office for this year will be quite arduous and we all owe him our earnest and consistent support. In looking up material for a sketch of the life of

Dr. Fearn we find that Dr. Felter has done this work exceedingly well in a recent issue of the Gleaner. Therefore we take the privilege of copying the same verbatim. As a frontispiece we publish a very good likeness of Dr. Fearn.

JOHN FEARN, M.D.

The strength of Eclecticism in the past and her hope in the future is in her therapeutics. To others she willingly accords the privilege of study in the natural history of diseases, and stands ready to applaud their good work. For herself, however, she prefers to maintain the prosecution of the work which has made her a factor in medicine today—the study and adaptation of remedial agents in the mildest and most direct manner for the relief of human distress. Her rank and file have made her materia medica almost solely through bedside work; a few have been privileged to teach and record the work these practitioners have done and to augment it by their own experiences. Among that few we mention with pride the Anglo-American who has taught so well and written so instructively of American medicines and whose name stands for loyalty in the councils of the Pacific Coast Eclectics—John Fearn, of Oakland, California.

John Fearn first saw the light of day on May 11, 1844, at Tutbury, Staffordshire, England. His parents were Samuel and Elizabeth Fearn. The father was a carpenter and cabinet maker, and both progenitors were of good, clean, honest stock. Dr. Fearn's early life was such that did not permit of ease and schooling. His devoted mother dying when he was but six years old prevented his attending regular schools, and he was obliged to assist his father in making the living. When opportunity presented, however, he availed himself of the privilege of night schools, and when he had passed his youth he occasionally attended the Government Science Schools, which were also conducted in the evenings. His love of study, combined with the zeal of his father, an omnivorous reader, led him to acquire a good knowledge of indigenous plant-drugs and their uses. So apt a student of medical botany was he that before he was eighteen he knew most of the medical plants of his neighborhood, and frequently prepared medicines from them. When twenty-one years of age he was attended during illness by Mr. George Slack (botanist), of Derby, England. Attracted by the young man's medical knowledge, he took him as a student of medicine. For some years thereafter young Fearn read and practiced with his preceptor. The British Medical Reform Association was then in active

operation, and was composed chiefly of botanic practitioners with "some liberty loving men from the old school who had broken away from the restraints of old methods and by their learning shed luster on the work of the reformers." Fearn's preceptor entered him as a student with this body, there being no reform college, and after preliminary examination, studies were assigned him, and he was again left to the care of his preceptor, in whose office and private practice he acquired his clinical experience. At the final examination, held in London, December 30th, 1873, he was awarded his diploma, one of his examiners being none less than the distinguished Thomas C. Pierce, member of the Royal College of Surgeons. Dr. Fearn then married Sarah Jane Radford and came to America.

Dr. Fearn first located for practice in Geauga County, Ohio. Feeling the need of further medical instruction, he entered the Eclectic Medical Institute, from which, after a two years' course, he graduated in 1877. Directly after graduation he went to Oakland, California, but soon became engaged as resident surgeon at the Plumas Eureka Gold Mine, where he practiced for three years. His wife's health failing he returned to Oakland, where he has since resided and practiced, both as a wholesale and retail druggist and physician, and has amassed both a competence and a reputation. Shortly after going to Oakland he was made a member of the State Board of Medical Examiners, and in 1886 he was elected Professor of Materia Medica and Therapeutics in the California Eclectic Medical College, a chair he held until 1899, when pressure of business and ill-health caused him to resign.

Dr. Fearn has been most active in promoting the interests of Eclecticism on the Pacific Coast. Besides being a member of the State Board of Examiners, he has served as President of the State Eclectic Medical Society, and is a member of the Alameda County Medical Society, the National Eclectic Medical Association, and the British Medical Reform Association. He is also a devout member of the Methodist Church and special examiner of the National Temperance Relief Association.

Dr. Fearn has the characteristic British make-up, lacking, however, the arrogance so often observed in Britons. He is of medium height, rather heavy set, and ruddy in hair and complexion. His manner is cordial, and his attitude toward all kind and encouraging. In whatever he undertakes he is stubbornly persevering, and success is pretty sure to crown his efforts. In him Eclecticism has had a bold and valiant

champion, and to him is due, in a large measure, the introduction of many Eclectic medicines into the practice of all physicians of all schools west of the Sierras. Dr. Fearn is an enthusiastic and forcible writer, chiefly on drug subjects, and has contributed voluminously to journals of the regular school. Dr. Fearn intimated in the California Eclectic Medical Journal a short time ago his intention to bring out a work on Therapeutics. As a teacher of materia medica his thoroughness is measured largely by those who sat under his instruction. Loyal, industrious, fair and tactful, Dr. Fearn is just the kind of a man to do missionary work for Eclecticism, and his efforts in this direction have borne heavy fruitage on the Golden Coast. Dr. Fearn's whole life purpose is nobly enunciated in the following words once penned by him: "It has been my aim to live so as to have a conscience void of offense towards God and man."

FRUIT DIET.

It is impossible to discuss any phase of the diet question except in the most general terms, owing to individual, climatic and other peculiarities. At least that is our opinion, though apparently not the commonly accepted one. From time to time we read articles wherein world-wide assertions are made with a positiveness which is puerile, being at variance with the habits of men and social conditions in other countries than our own. One author will advocate a vegetarian diet, giving beautiful theories and citing many instances of indidivuals greatly benefited thereby; but utterly ignore the one illuminating fact that the majority of the people of this world are already vegetarians. And another will advocate "nature diet," meaning thereby uncooked fruits and grains; but also utterly ignoring the one illuminating fact that fruits and grains as they are offered for sale are an invention of man, that unrestrained and uncultivated nature could not sustain more than one per cent of the present population. In fact, nature has made no special provision for man, notwithstanding his egotistical assumption thereof. Rather should we say that man has adapted himself to nature as he found it and has wrenched therefrom a meager existence. There is no "nature food" of any kind or character except as man through several generations has accustomed his body to its use. The longer a food has been in use the more acceptable it becomes to the average human animal.

Through the United States fruits have been long used, though rather sparingly until of late years. Formerly the peo-

ple gorged themselves with fruit in the summer time, causing indigestions and diarrh as peculiar to that season. But now this is done the year around, causing a less active but more constant disturbance of the digestive tract. Thus it happens that some chronic diseases have become more prevalent and new ones have developed.

All indigenous fruits are acid in reaction and contain chemical bodies of unknown composition. It is freely and positively alleged that they are at all times beneficial; apparently because they are assumed to be an offering of nature, which is no reason at all, and not even good instict. The physiological action of any fruit acid when ingested is to stimulate to an increased secretion any part of the mucous membrane with which it comes in contact. As a result we at once have an increased flow of mucous in the throat, aesophagus and stomach. Should this stimulus be excessive or prolonged we have, here as elsewhere, a stage of exhaustion. An exhausted mucous membrane means an atrophy of the secreting cells and a vitiated secretion, or in other words a catarrh. And when such a condition becomes chronic in the stomach we have a reasonable cause of gastric ulcer. Moreover if the stomach content is so excessively acid that when it is poured into the duodenum it cannot be quickly rendered neutral or alkaline in reaction we have a like condition of this organ, the so-called duodemal catarrh and which is a reasonable cause of duodemal ulcer. Furthermore this atonic catarrh may extend to the lower part of the intestinal tract producing copious soluble easy stools. A result much sought after by the fruitarians and called a cure for constipation. With an eye immovably focused on producing a satisfactory stool they unwittingly produce a disease by a so-called nature method. Such an intestinal tract is a comfortable habitation for worms of many species, as we all know. But most of us forget that bacteria thrive under such conditions and that an ascending infection will pass sooner or later through the ductus communis choledochus and ductus panereaticus producing a hepatitis or panereatitis or both—a most intractable condition.

Again it must not be forgotten that the blood and all of the secretions and fluids of the body, with one exception, are alkaline in reaction. Not only normally but absolutely and always alkaline. Physiological experiments to acidulate the fluids of an animal body have always caused death before these became even neutral in reaction. By what means this necessary alkalinity is maintained in health is not exactly known; but is it not reasonable that an excessive ingestion of

acids would powerfully strain such mechanism? This statement being conceded we may confidently expect a fruit diet to produce manifold general disturbances as well as a local effect upon the alimentary tract. Personally we have found this point of view of great benefit in studying chronic cases and we cofidently recommend it for trial.

BULLETIN NO. IV!

Bulletin No. IV of the Carnegie Foundation for Teaching is a bulky octavo volume of some three hundred and fifty pages. The author is evidently of the opinion that it is the last word on the subject of medical education and writes in a style of insolent self-sufficiency. Each chapter and page of the book should bear the legend, "When I ope my mouth let no dog bark." Modesty has not been included in the category of his virtues. The positiveness of his conclusions would be becoming in a decision of the Supreme Court of the United States, but are hardly justified either by the eminence or the authority of the writer unless, indeed, authority is to flow from unlimited access to the pocket of a multimillionaire.

There are many poorly equipped schools of medicine in the United States. Every educated and intelligent practitioner was aware of this fact before the author of Bulletin No. IV made this surprising discovery. Few medical schools, even those affiliated with real universities, are perfect unless we except that of Johns Hopkins. Even in Baltimore it seems strange to look over the list of the faculty and perceive that some of its most brilliant names are those of graduates of so-called independent schools of medicine stigmatized in the report. Welch and Halsted are both graduates of the College of Physicians and Surgeons, New York, which, at the time of their graduation, had nothing but a nominal connection with Columbia. The professor of obstetrics is a graduate of the Medical Department of the University of Maryland, thus characterized in the report "Essentially an independent institution with a university charter, though nominally the medical department of St. John's College." Shocking to relate, "dividends are also paid to the faculty." The brilliant professor of Diseases of the Genito-Urinary System is a graduate of the Medical Department of the University of Virginia. "Until three years ago the department was a didactic school," wails the critic.

It thus appears that some of the most eminent of the brilliant faculty of the institution which the editor of the Bulletin considers a model are products of a system which is declared

to be a thing of the past. There were giants in those days, then! The days of Gross and Keen, of Bartholow, of the elder Da Costa and Weir Mitchell in Philadelphia; and in New York of Henry B. Sands, Markoe and Willard Parker, Frank Hamilton, of Dalton, Flint and Loomis. Space fails us to enumerate the giant figures of this "system of the past" which tower over the arrogant and self-confident present. The vision of the author of this report is like a photographic lens at full aperture. It has no penetration. It needs stopping down. Everything is focused on one plane, the plane of the laboratory and the university, and nothing on either side of this plane is in focus. The writer appreciates the uses of laboratory instruction, acknowledges with gratitude his personal debt to laboratory training acquired late in life, but it is not the whole thing by any means. If we are to turn out men fairly well informed in the history and treatment of diseases, we must of necessity be compelled to combine didactic teaching with laboratory training. In teaching there are two goals to be reached quite distinct—the training of practitioners of medicine and the training of investigators. For the latter class laboratory training is of prime importance. The life of the investigator is to be spent in the laboratory and all his facts should be gathered there at first hand, because that is itself a part of his training. But a practitioner of medicine goes out into the world to treat disease as he finds it. If there is no yellow fever in the hospital is he to be denied an account of the disease because forsooth this is didactic teaching and therefore anathema? The medical student during his four years' course must, from the limitations of time, hospital space and hospital material, be denied the sight of most of the diseases and injuries to which we are subject. At best he will form a superficial acquaintance with those which are more common. Because the teaching must be didactic shall he, therefore, be denied an account of clinical facts he does not meet in hospital wards, and does not the undeniable fact before mentioned require that all diseases and injuries should be taught didactically as well as from actual clinical cases. As an example of the manner in which the system advocated and lauded by the Bulletin may break down, the following may serve:

The writer was one of the examiners on the board of a large hospital. He put this question to a graduate of one of the most famous advocates of the purely clinical and laboratory method of teaching. "Describe the different injuries about the elbow joint and state your method of differential

diagnosis." The candidate hesitated, and then by way of explaining his failure, said, "Doctor, the initial letter of my name is in the latter part of the alphabet, consequently I did not reach the hospital wards until late in the term. As we are not taught anything we do not see in the wards and as there were no injuries of the elbow there at the time, I cannot answer your question." The natural reply of the institution in question would be, "Oh, we don't send you our best men." True, but he was nevertheless a graduate of the school, signed, sealed and delivered. A graduate of one of the despised independent schools, a thing of the past, gave a clear answer to the question. Which of these two men would have been most competent to handle an injury of the elbow in actual practice, the man who knew nothing about it whatever or the man who had a clear idea of the subject from teaching?

It is no doubt highly desirable that every man who graduates in medicine should have seen, examined and diagnosed every disease and injury flesh is heir to, but few aged professors, even in the great schools of Europe, can say as much, and as long as this is a fact it is the height of folly to decry didactic teaching as does the Bulletin and put the laboratory and the hospital on a pinnacle which few students can reach —the act of a doctrinaire and mere theorist who thinks that men and women are merely exaggerated test tubes to be put in racks and tested with his special reagents. Until recently the writer thought it of enormous advantage for a medical school to be in close relationship with a university, an affiliation upon which the Bulletin so strenuously insists. In this State the leaders in medical education have been fighting a most strenuous battle with the anti-vivisectionists. The past winter the campaign was more bitterly fought than ever. The presidents of the universities of three medical schools were appealed to for the assistance of their personal appearance on the platform. They all refused on various pretexts, one of them saying with commendable prudence that he "preferred to fight behind the breastworks." In other words, as soon as it was found that persons of large wealth were interesting themselves in the anti-vivisection movement it was prudent to do nothing to alienate contributions to the university, even though one of its most important schools was viciously attacked.

For years the medical profession of this and other States have protested against the licensing of the mechanical fitter of glasses, otherwise the optometrist. It has rightly contended that refraction is something more than a mechanical affair and

that only a well qualified physician is competent to do refracting work. As it is, the optometrists are constantly fitting cases of glaucoma with glasses and committing other absurdities. One of them lately made the grave statement to a patient that he was suffering from a dense cataract and atrophy of the optic nerve. He did not explain how he saw the disc through a cataract. It is stated with some appearance of authority in the public press and much unfavorable comment (New York Evening Sun, June 3rd, "A Deplorable Innovation") that Columbia University is about to establish a course in optometry. We trust that the severe criticism of the Sun is based on erroneous information. It does not seem possible that so treacherous a blow would be struck at its medical department by the University, and it is impossible to conceive that such a course can have the assent of the Medical Faculty. What then is a university connection doing for a school which won its great reputation while practically independent? The university authorities gave the school no real support against the faddists and now proceeds to encourage quackery by teaching it. Heaven save the mark, as a university course. If these are some of the advantages of a university connection there is still a place for the Independent school properly conducted. With many of the conclusions of this self-sufficient volume we have no quarrel. There is much useful information and valuable criticism to be found within its pages. It is a pity that the arroganee of its tone and the air of absolute intolerance and finality with which it has been written should mar an otherwise useful work.—Ed. N. Y. State Jour. of Med.

ECLECTIC OPPORTUNITIES.

By John Uri Lloyd, Phr. M., Cincinnati, Ohio.

The fact that the leaders of the Eclectic school of medicine have been conservative, and critically so, accounts largely for the standing of the Eclectic remedies and their continually increasing reputation with physicians responsible for the treatment of disease. Occasionally, it is true, an Eclectic authority has, in the enthusiasm of a diversion in thought, wandered from balanced action, but, as a rule, the digression has lasted but a little while, and the reaction has generally proved an excellent lesson, both to the person most concerned and to his friends.

It must not be accepted, as some seem to infer, that the practicing Eclectic physician is debarred from adopting that which comes to him from outside his own school's investigations, nor has he a master who can say that he must not use

certain remedies. Quite the contrary. One of the privileges of the Eclectic physician, implied by the very name Eclectic (eklego, I choose), and one strongly advocated by those high in the school, is that he may take from any direction whatever is useful, and adopt it, understandingly, to his own use, unhindered by any self-constituted authority. In doing this, he is careful to give credit to whom credit is due, and he earnestly endeavors to return to other schools the favor he has received, through discoveries made in his own direction.

Let us refer to a preceding sentence, concerning the fact that a good Eclectic may even become so absorbed in a subject as to give it his entire thought, and think of the late Dr. Geo. C. Pitzer, an excellent Eclectic physician, who became enthusiastically concerned in the amplification of "Suggestive Therapeutics," but who did not appreciate that others could not accomplish what he himself advocated. Deeply absorbed in the work, he wrote books on the subject, but with it all he remained an Eclectic, and to the day of his death he considered himself an Eclectic and employed Eclectic medicines when he considered them necessary adjuncts to the processes that took his thought and time. Indeed, one of the last letters Dr. Pitzer wrote to us contained an enthusiastic endorsement of the work Eclecticism had done and was doing, and his great pride in the school that he believed had done so much for the benefit of humanity. In our opinion, had Dr. Pitzer lived longer, he would have been one of the staunchest friends of Eclectic therapy, because he surely appreciated that the processes advocated by himself could not, of themselves, parallel the remedial opportunities established by the Eclectic school.

Let us now consider him who adds to the Eclectic armamentarium, and thus serves others. Not a few good friends of Dr. H. T. Webster once resisted the earnestness with which he has advocated a few of the tissue remedies that he found useful, as well as a limited number of dilutions and triturations that are seemingly more Homeopathic than Eclectic. Yet in it all, Dr. Webster was ever one of the staunchest of Eclectics, maintaining his privilege and his right to advocate remedies he found applicable and useful, and to teach those who listened to him from the fullness of his knowledge in those directions. Instead of disturbing his Eclecticism and corrupting his allegiance to the school, or of displacing Eclectic agents, his use of the remedies that he brought in from the outside strengthened his efforts. In the height of his intellectual ability, he is now an Eclectic authority, balanced in thought and active in effort.

In like manner Dr. John M. Scudder departed from what some considered to be the very tenets of the faith of the Eclectics of old, in that he advocated minute doses of remedies that had before been given in heroic quantities, and introduced remedial agents that some of the more set of the old guards in Eclecticism declined to employ. But in it all Dr. Scudder remained a typical Eclectic, and as he took from others, he gave to them, in return, far more indeed than he received.

John King, one of the "Fathers of Eclecticism," broke some of the rules that a few Eclectics about him believed should be most strenuously followed. One of his most important remedies, for which we have filled hundreds of his prescriptions, was that heroic remedy, chloride of gold and sodium, which King used, discriminatively, to the day of his retirement. Another of his remedies, Ophthalmic Balsam, carried a mercury compound, white precipitate. Neither of these deviations from what some thought proper disturbed Dr. King's Eclecticism nor his enthusiasm for the reform movement, to which his life was devoted.

When the germ theory of disease swept balanced thought out of the old school, and led its most conspicuous authorities into distractions and delusions innumerable, the leaders in Eclecticism held aloof. They knew that their remedial methods were adapted to germicidal medication, and that cleanliness was one of the tenets, both in medicine and practice, that the Eclectics had ever been taught was next to godliness. Ready were the Eclectics, rank and file, to take whatever came through the study of dirt, be it live dirt or dead dirt, made by Allopathic investigations, but they did not propose to give up that which they knew to be good for that which could be no better or, indeed, might be a fallacy. The clean Eclectic remedies and effective Eclectic methods had been tried and established, where others were wandering in hopelessness, as shown by the abandonment of past methods.

Two decades or more have passed since the study of bacteria began and we find that the Eclectic remedial agents and methods then standard are yet standard, while the Eclectic school in medicine is balanced, as concerns both sterile medication and bacterial surgery, which means, simply, clean medication and clean surgery.

When Brown-Sequard introduced his grotesque Elixir of Life, the Eclectic was not the man to fall into hysterics over that wonderful "life juice." Instead, with a feeling of pity, he saw the fallacy of it all strike so seriously the very leaders of the dominant school. In the ending of the Brown-Sequard

Elixir craze, the forerunner of the animal serums, no humiliation came to Eclecticism.

Then came the animal serums. A decade or more have they been worked upon by the most enthusiastic advocates, and what is the result? The Eclectic has said: "This serum business is not our responsibility, but, if there be anything in it, we have given enough to the world to have earned the right to adopt whatever is discovered. If there be nothing in it, the men who are investigating have ample opportunity to demonstrate both facts and fallacies." Numberless have been the reports that have gone out concerning this or that serum, be it the juice of a well monkey or the water withdrawn from a dropsical woman's abdomen. Many have been the lay-press sensations regarding the wonderful serum discoveries that, injected into a vein, were destined to cure this or that person afflicted by a disease heretofore untouched by remedial agents. And what is the result of the numbers of life-sacrifices of animals made in behalf of "science?" No less an authority than Charles C. Yarbrough, M. D., Therapist of Frederick Stearns & Co., Detroit, Michigan, careful and authoritative manufacturers of these preparations, in a lecture before the Pharmacy Department of the University of Michigan, Ann Arbor, has just reported that, "Of the antitoxic serums there are only two which have been successfully prepared," to which he adds, "The reason there are only two antitoxic serums of any importance is because scientists have not been able to produce any others possessing any notable efficacy." These two serums, according to this eminent authority, who does himself great credit in thus disillusioning the uninformed, are diphtheria antitoxin and tetanus antitoxin. An established serum fact, even though but two successes have resulted in a decade, will be utilized in Eclectic therapy, just as has any other addition that comes from the outside. But from the responsibility of the numberless harlequin-like materials promulgated irresponsibly as effective serums by therapeutically incompetent observers, but yet excellent newspaper advertisers, the Eclectic is absolved.—Eclectic Medical Journal.

MYRRH.

J. A. Burnett, D. O., M.D., Chismville, Arkansas.

There are many old remedies which are being neglected which are cheap nonproprietary, nonsecret and nontoxic which can be manufatured by any one, that is of far more value in therapeutic action than most all of the high priced proprietary secret and toxic remedies that cannot be made only by one manufacturer that is imported from Germany. Myrrh is one of these remedies. It has been used from the earliest times down to the present mostly as a stimulating emmenagogue and antiseptic. Myrrh and tincture of myrrh are both official in the Eighth Decennial Revision of the Pharmacopoeia of the United States. Myrrh, pills of aloes and myrrh, tincture of myrrh, and tincture of aloes and myrrh are all official in both the Sixth and Seventh Decennial Revision of Pharmacopoeia of the United States. It has been shown myrrh increases the number of white blood corpuseles thus fortifying the system against the encroachments of septic poisoning. The powdered myrrh can be used locally alone on offensive discharges gangrene, etc., but usually the compound tincture (No. 6) is used and is best.

As myrrh is a concentrated agent it is usually best to combine it with a large excess of hydrastis when used locally as the hydrastis sustains the local venous circulation. Borax added to this mixture and it made into a paste with water and glycerine is still better. Myrrh does not act well on syphilitic sores. It is an expectorant but not used to any extent for this purpose as there are many other remedies better for this purpose but it can be used in putrid bronchitis alone or in combination with other remedies. Myrrh is too stimulating and drying for continued use in typhoid fever but it can be used for a few days in one grain doses every four hours when the tongue is moist and the stools offensive. In extreme typhoid tympanites when the bowels are closed by angulation two grains of myrrh with ten grains fresh charcoal will arrest fermentation, reduce tympanites and remove occlusion. In diphtheria myrrh can be used internally and locally in cases when the membranes are dusky and the exudate is prone to early decay and not in light cases with a bright color to the membrane. Two drops each of tincture of myrrh and glycerine and one drop of the fluid extract of hydrastis in syrup every two hours can be given a six-year-old child with diphtheria with the above indications. Locally one part each of the tincture of myrrh and glycerine and ten or more of water makes a good spray when the exudate in the throat is gray or brown and the breath offensive and the nostrils are discharging foul material. This spray

to be used every two hours in alternation with hydrogen peroxide.

Myrrh is a very good remedy in shock but the tincture myrrh compound (No. 6) is still better. It is a powerful stimulant in collapse and depressed conditions in general. The component tincture of myrrh is not an antiperiodic but adds to the antiperiodic action of other remedies. A good antiperiodic is as follows:

Rx Fld. ext. chirata
Fld. ext. hydrastis aa ʒiv
Fld. ext. leptandra
Tinct. myrrh com. aa ʒij
Simple orange ʒiij
Simple syrup q. s. ad. ʒviij

Sig. To keep a chill off give a teaspoonful every hour until six or eight doses are taken, beginning so that the last dose will come about an hour before the chill is due. At other times a teaspoonful every three hours.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eelectic Medical Society of the State of California meets in Los Angeles May 24, 25 and 26, 1910. John Fearn, M.D., Oakland, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eelectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M.D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eelectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

CALIFORNIA STATE ECLECTIC MEDICAL SOCIETY.

In the general rush of business there has appeared no report of the annual state meeting. This should not be, for in spite of the fact that owing to various reasons our numbers were not large, yet if we take into account the character of the papers read and the discussions, together with the spirit

of harmony shown, it was one of the best meetings ever held. For some years in our state and national meetings there has been too much time spent in sight seeing and pleasure, but at this meeting the members seemed to be ever ready for business. And that is well, for if we would keep the ground already gained and still make progress, there is much to do.

A notable contribution to the meeting was a paper read by Dr. Davis of Sawtelle; he is now over 80 years old, and yet it was a most logical paper, dealing with the history and progress of the eclectic cause. And it was delivered with the vim and spirit of a man much younger in years.

To me it was a great pleasure to meet with many who were students in the old California Medical College. They are now men doing well in practice and reflecting credit on their teachers and Alma Mater. The three days sped swiftly by and on the evening of the last day we had a general love feast in the form of a banquet at the Nadeau Hotel. The banquet was tendered by the Southern California Society to the members of the convention. The menu was excellent, as one might expect at that hostelry. The speaking was inspiring, and the meeting broke up having had a time long to be remembered. Dr. Munk made a most charming toastmaster.

The officers for the ensuing year are: President, Dr. Fearn; vice presidents, Drs. Turner and Tompkins; financial secretary, Dr. Dougall; corresponding secretary, Dr. Ford Scudder; for board of examiners, Dr. Peree and Dr. Farrar; alternates, Dr. Gere and Dr. Solomon. The next place of meeting, San Francisco. FEARN.

NOTES AND COMMENTS.

I dislike a long car ride, but my trip across the continent to attend the National meeting was made without any unpleasant incident. In crossing the deserts of Arizona and New Mexico the weather was hot but not oppressive. After reaching Kansas the weather was not only hot but it also felt sticky, owing to the increased humidity in the atmosphere. The weather was hot and sticky all of the time I was in the east, except during the days of the convention in Boston and again in Chicago on the return trip. During much of the time the heat was awful and the only thing to do was to sit still and swelter, the least exertion only adding tenfold to the existing discomfort. The dust was also annoying; but the worst weather of the trip, in dust and sticky heat, was met between Montreal and Toronto, Canada.

On the way going I had the pleasure of visiting Professor Lloyd and family in their new home on Clifton Heights and, as can be easily guessed, enjoyed a very pleasant occasion. I also visited the Lloyd Laboratory in Cincinnati and found it to be as busy as ever and his large family of employees as pleasant and friendly as of old. Professor Lloyd has a wonderful faculty of pleasing people and making them like him—because he does right and gives everybody a square deal.

I made my first visit to the new building of the Eclectic Medical College on West Sixth street, Cincinnati. It is certainly an imposing building and is wholly devoted to college work. The building cost $50,000 and the equipment many thousands more. This is the parent school of Eclectieism and its friends may well feel proud of its manifest prosperity and progress. It now takes its place with medical colleges in the highest class and is the largest and best medical college of any school in the middle west.

Great changes have taken place in medical colleges in Cincinnati during the past fifteen years. The medical trust marked the old Institute among its first victims to be crushed, but it is more alive than ever. Fifteen years ago there were eight medical colleges doing business in Cincinnati. Out of all these schools the Eclectic Medical College is the only one in existence as an independent institution. All the others have been closed or are affiliated with other colleges. The attendance in these several colleges numbered more than one thousand students, but which number, at the present time, is reduced to less than three hundred. If this ratio of decrease continues there will soon be no medical students, no colleges and no physicians.

A stop was also made in New York City and a call made on Dr. Boskowitz and the Eclectic Medical College of New York. This college is classed among the "unacceptables" by the A. M. A., but it also gives evidence of virile life. The building is a five-story structure and is all used for college purposes. It has a full equipment of apparatus, furniture and library and gives a thorough medical course. The best test of the worth of an institution is the quality and character of its students, and by this test the New York College is unsurpassed. I am informed that during the past ten years not a

single graduate of this school failed who took the State Board examination. This is an enviable record and no higher praise could be spoken nor better results desired than this college represents.

The meeting of the National in Boston was a very successful one. There were in attendance about two hundred physicians and double that number of guests. Perfect harmony prevailed and nothing occurred to mar the success of the meeting. A larger number than usual of interesting papers were read which will furnish the Quarterly with valuable reading during the year. Much was said in convention as well as in private conversation among the members of the importance of Eclecties standing fast and being loyal to the cause. The time for carrying water on both shoulders is past and all true Eclecties must stand steadfast by their colors. Resolutions were passed condemning the Medical Trust and favoring the small college. Affiliation of the state societies with the National was also discussed and state societies that have not complied with the rules have severed their relations with the national body. This situation seems to be true only of the Illinois society, and was incorporated and passed by resolution.

It was decided to conduct an active publicity campaign and a committee of three consisting of Drs. W. N. Mundy, A. F. Stephens and G. W. Boskowitz was appointed to take charge of the work. The committee was intructed to prepare and print a series of pamphlets on Eclectic medicine and other live topics which will be sent to Eclectic physicians for free distribution among the people.

Among the old guard who were present were Drs. S. B. Munn, Waterbury, Conn., C. E. Miles, Boston, Mass., W. B. Church, Cincinnati, Ohio, W. M. Durham, Atlanta, Ga., and V. A. Baker, Adrian, Mich. These men have been members of the association for many years and have been regular in attendance at the National meetings.

Boston is a center of historic interest of Revolutionary days and much time was given to sight seeing. Excursions were arranged to various points of interest which afforded much pleasure to attending physicians and other guests. Dr. Pitts Edwin Howes, as chairman on Committee of Arrangements, had charge of the excursions and spared no time nor pains in seeing that members and their friends were well entertained.

J. A. MUNK.

NEWS ITEMS.

Dr. J. A. Munk is the new President of the National.

Dr. Charles Ervin leaves on August 1st for his summer vacation.

Dr. A. J. Cranee, Pasadena, has gone East with the body of his mother who died reeently.

Dr. J. C. Solomon and a party of friends spent the Fourth at Coronado, making the trip by automobile.

Mrs. W. J. Lawrence, wife of Dr. Lawrenee, has returned from a pleasant vacation spent in the mountains.

Dr. and Mrs. W. S. Gibson and family are spending the summer at their summer home at Hermosa Beach.

Dr. Hanna Scott Turner, Pomona, has returned from a three weeks vacation spent at the various beaches.

Dr. E. G. Sharp, Treasurer of the National Association, and wife, sailed for Europe after the close of the convention.

Dr. J. M. Mulholland of Pittston, Pa., is the one Pennsylvania Ecleetie who always attends the National meetings.

Dr. and Mrs. J. K. Seudder left Boston after the National meeting adjourned for an outing in the White Mountains of Vermont.

Dr. J. A. Munk has returned from Boston and reports a pleasant trip but very hot weather for the greater part of the time.

Born:—To Dr. and Mrs. H. V. Brown at the Westlake Hospital, July 20th, a daughter. The Journal extends congratulations.

Dr. Charles H. Burleigh, Forest Hill, died June 4th. Dr. Burleigh was the son of Dr. G. W. Burleigh of this city, to whom the Journal extends sympathy.

Dr. J. A. Miller of Brawley, California, has a good practiee but has reaehed the age of eighty-one and thinks it time to retire. He desires some one to take his plaee.

Dr. and Mrs. W. P. Ferguson, Santa Ana, have gone to Myrtle Creek, Oregon, on a hunting and eamping trip for two months, returning September 15th.

Dr. and Mrs. H. Ford Seudder, Redlands, are in the East. The Doetor will take post graduate work in Cineinnati and New York, returning to Redlands on Oet. 1st.

The regular meeting of the California State Board of Medical Examiners meet on August 2, 3, 4 and 5, and we understand that several Eclectics will go before the Board at that time.

Dr. Lee Strouse of Covington, Ky., has missed but one meeting in ten years, when he first joined the Association. His failure to attend on that occasion was due to a visit of the stork at his home.

The most enjoyable event of the year among local Eclectics was the banquet given by them at the Hotel Virginia, in honor of Dr. J. A. Munk and his election to the presidency of the National.

A full attendance of doctors and not a few ladies sat down to a beautifully decorated table, and the food served was excellent. Dr. Munk told about his trip east and the work done at this meeting of the National, and a number of the others told things that made them feel better.

Then we went home!

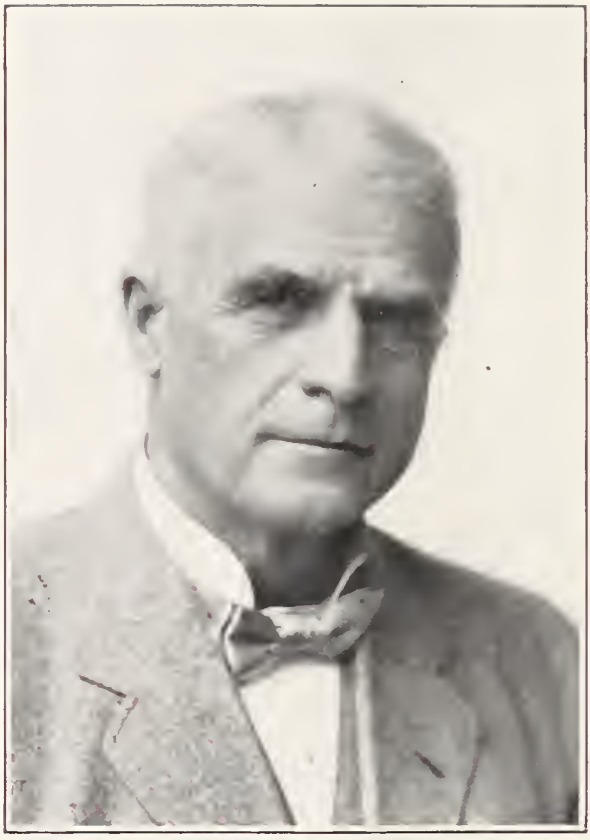
A NEW MEDICAL COLLEGE.

St. Louis is to have a new medical college. Arrangements have been completed and the first session will begin in the fall. While our city is well supplied with medical schools, yet if the founders of the new institution gather around them a teaching force of real value and succeed in properly equipping students for their life's work, the more liberal members of the local profession will have only words of encouragement for the new enterprise. But if the new institution is to be but a recruit to the large number of diploma mills, it were better had it died "aborning." The college is the old American Medical, an eclectic institution but which in the hands of its new owners will become a school of more liberal medicine.—Medical Era.

BOOK REVIEWS.

DIAGNOSIS AND TREATMENT OF GONORRHOEA.

If ever there was a case of Multum in Parvo, this little brochure by W. B. Church, M. D., is the case. The non-treatment and improper treatment of gonorrhea is bringing suffering and death to thousands of women in this and every land. It is not too much to say that this may all be stopped by a careful carrying out of the methods laid down in this book. I have known the author for many years; I have known of his own success, and I can conscientiously say to my medical friends send your dollar for this book and it will be worth many dollars to you. The only criticism I have to offer is this: Add to this treatment the use of our renal sedatives and demulcents. Author, W. B. Church, M. D., 628 Elm St., Cincinnati, Ohio. Fearn.



J. A. Munk, M.D.

The California Eclectic Medical Journal

Vol III SEPTEMBER, 1910. No. 9

Original Contributions

OUR COLLEGE.

J. A. Munk, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Society.

Ever since the California Eclectic Medical College was started in Los Angeles three years ago, it has made satisfactory progress. The duty of taking over this institution came suddenly and unexpectedly upon the Eclectics of Southern California, but they responded nobly to the call. Inside of six weeks after the question of its coming here was settled a building and faculty were secured and the College was open for business on the appointed day. The finances have been sufficient to meet all expenses and intelligent and educated men and women compose the faculty. A full curriculum is taught in didactic, laboratory and clinical instruction and one of the pleasant surprises of the venture has been the amount of teaching talent which was found among the Eclectics of the community.

Owing to the brief time allowed for opening the school in its new home, it almost seemed like an impossibility to be ready on the day assigned, but the undertaking was successfully accomplished. A suitable building was secured for a term of two years in a section of the city that furnished an abundance of good clinical material. After this lease expired a new and better location was secured in the heart of the city at number 337 South Hill street. This was a fortunate move that resulted in betterment in every respect. The College in its present location is easily accessible from all points in the city, is convenient and suitably arranged for class, laboratory and clinical work and, indeed, is sufficient for every need. When the present lease expires we hope that the work of the College will be so well advanced that much larger quarters will be required to accommodate its growing classes.

Beginning under such unfavorable circumstances, the number of students at first was necessarily small, but had the advantage which all small institutions have, of imparting knowledge more directly to the students in attendance. With

the change to the new location came a larger attendance and the number of students this year more than doubles the number of the two previous years. Some changes and improvements will be made for the coming term and whatever is found necessary to increase the usefulness of the school will be added as fast as the need is felt.

Our College has risen Phoenix-like out of the ashes of the great San Francisco fire, and is again established on a firm basis. It only requires the loyalty and support of the Eclectics of California and of the Pacific Coast to give it enduring success. During the past decade Eclecticism has been somewhat apathetic and many physicians have been more intent on individual success than interested in the prosperity of Eclecticism in general. Various causes may have contributed to this state of feeling but whatever the cause Eclecticism suffered loss as a result. Recently, however, a new spirit of revival has sprung up among Eclectics all over the country and an interest has been awakened among our men which bodes much good. An active campaign of publicity has been begun for the spread of Eclectic doctrine which is bound to result in much benefit to liberal and independent medicine. The various colleges of Eclectic medicine that are established in different parts of the country has each its own mission and field of labor to fill and we of the Pacific Coast have a responsibility and duty to perform that we cannot shirk.

The growth of Eclecticism, as of any other school of medicine, depends upon the loyalty and support of its practitoners. The students in our medical colleges come only through our physicians and very seldom come in any other way. Every Eclectic in the state needs to realize that he is individually responsible for the success of our school of medicine. Every Eclectic physician can take just pride in his own success in the community in which he lives but should not be contented with that alone, but properly and modestly seek to spread the benign gospel of Eclectic medication among the people, as did our forefathers, so that the laity may learn what Eclecticism means. Every physician should seek out bright young men and women in his vicinity and get them interested in the study of Eclectic medicine and induce them to attend an Eclectic college. By thus increasing the number of Eclectic students and successful physicians, the cause of Eclecticism will be strengthened, and the people learn to know and believe in Eclectic medicine because of its intrinsic merit. We must, of course, first know and believe in Eclectic medicine ourselves before we can interest the public or successfully teach it to

others. If every Eclectic in the land were a "live wire," like our worthy President, there would be something doing that might surprise even our own selves. There is no danger of any man doing too much, but the fault is always on the other side of not doing enough. Let the zealous continue to stand firm for the cause from principle as he has done and always expects to do. If there is any poor prodigal that has strayed into forbidden paths, or has fed on the husks of medical nihilism, let him come to himself and return to his first love where he belongs. Any man who has once been an Eclectic can never be anything else. He may think he can desert the cause and join the ranks of the enemy but when he takes that step he is lost. He is not an Allopath and the Allopaths have no use for him except to fool and absorb him. If he is not an Allopath and claims he is not an Eclectic, then what is he? He is like the man without a country, and is without a name or home in the medical world.

To make our cause effective we must all stand together by each individual member contributing his mite to the general cause by joining the local, state and national societies and by attending and taking an active part in the meetings. He should not be a leach that only takes and never gives but he owes something to the cause which gave him success. He may have to spend some time and money in attending such meetings, which is not a loss but a profitable investment that pays a good interest. The people who know and notice him will like him for being modern and progressive and give him credit for enterprise, and when they get sick he is the physician who receives the call. Every man must settle this question for himself. It is a poor policy to be "penny wise and pound foolish."

KALMIA LATIFOLIA.

By Herbert T. Webster, M. D., Oakland, Cal.

This agent is variously known as calico-bush, mountain laurel, etc. It is a native of North America, adorning the banks of brooks and small rivers in mountainous regions in May and June, when the shrub is covered with bright green verdure and variegated blossoms.

Dr. Dunham remarks, in his Materia Medica: "As the mountain rhododendron thrives in the home of the storms and under the Alpine mists, as Ledum flourishes in the regions of the swamp clouds of mountain ranges, so kalmia prefers the fogs of the valleys; but all three have a mountain home. The

entire family appears to correspond to those great families of diseases which we call rheumatism and gout, and particularly to the northern forms of them. In intermittent and particularly in remittent fevers with a so-called gastric-nervous character and which run a tedious course all three remedies have shown themselves to be indispensable. There are but few remedies in the materia medica which have so great a mastery over the pulse and with so beneficial action diminish the too quick pulsations of the heart, as kalmia and its cognates. Of course, this is only in cases which in other respects correspond to the action of this family."

Professor King recognized these virtues, and employed this remedy in much the same way. He thus remarks in his Dispensatory: "In medicinal doses, it is antisyphilitic, sedative to the heart, and somewhat astringent. Internally, either in powder, decoction, or tincture, it is an efficient remedy in primary or secondary syphilis, and will likewise be found invaluable in febrile and inflammatory diseases and hypertrophy of the heart, allaying all febrile and inflammatory action, and lessening the action of the heart. In active hemorrhages, diarrhea, and flux, it has been employed with excellent effect, and will be found useful in overcoming obstinate chronic irritation of mucous surfaces. I have extensively used this agent, and regard it as one of our most efficient agents in syphilis; and have likewise found it very valuable in inflammatory fevers, jaundice, and opthalmic neuralgia and inflammation."

We note that Professor King prized it highly in syphilis, a property ascribed to it by no other author except Professor Goss, who remarks: "From the universal testimony of those who have used it, I have no doubt that it is a valuable acquisition to our list of antisyphilitics; and though I have no very great experience with it myself, yet have used it with other active remedies, consequently could not tell what powers it possessed."

We are assured of the powerful action of this agent by the fact that sheep are poisoned to death by eating the leaves, and that partridges which have eaten the leaves are poisonous to those who partake of their flesh.

The leaves contain the active principle, and the specific medicine represents it perfectly. The dose of this preparation should be small. I have employed it in painful cardiac affections with good results. Dunham cured an apparently hopeless case of endocarditis in a little girl of ten years with it after several had pronounced her case hopeless. No valvular

lesion followed, and the patient afterward grew to vigorous womanhood.

This remedy is worthy of investigation in neuralgic and myalgic pain. It is worthy of confidence in painful cardiac affections, especially if involving the endocardium. It is worthy of careful trial in syphilis. It may prove a valuable addition to our list of special sedatives.

It ought to be used as carefully as aconite, and probably the dose ought not to be much larger. We have good authority that attenuations produce as good if not better results than crude doses.

"ALL'S WELL THAT ENDS WELL."

Orin Davis, M. D., Sawtelle, Cal.

"There's a Divinity that shapes our ends,
Rough hew them how we will."—Shak.

From time immemorial the feminine witchery of creative Imagination sweetly wedded to masculine Truth, becomes a developmental force. The question of the origin and weird functions of the Gnomes is a matter of pure speculation whether arising from cerebric functions merely, or springing out of the depths of Soul and intra-cerebral subconsciousness, remains an unsettled problem. It is their individual secret service and ubiquitous presence in unraveling and fortokening events that is shaded with mystery. Notwithstanding doubt, every individual ego-hood has in attendance a particular erudite sprite, phenomenal, inquisitive, beautiful and intuitive that dimly outlines and quaintly interprets the moving shaddows on the dial of human events. Each individual seems well satisfied with not only the divinity, but with the veracity of his particular elfin sprite.

Alas! that each enchanting gnome is besieged by a jealous rival,—Doubt, who discredits every fairy relation and remorsely robs legend and tradition of all idealism,—the sweet witchery that invests common-place events of all life-enchanting interest. The fledgling Doubt develops into full grown dogmatism and demands personal evidence as the proper foundations for credence, oblivious of the fact that the moment one steps outside the limits of individual consciousness, by faith he lives in Fairy-land.

We have not entered upon the fourth year since the National Eclectic Medical Organization alighted in due form in Los Angeles and transacted its annual proceedings, and when about to close the old year's session, looked anxiously for a live and up-to-date inspiring leader, whose warm enthus-

iasm would prove magnetic as well as contagious and for a twelve months to come, excite renewing activity for brain and heart of our national organization. The figure on the dial of destiny pointed suggestively—and our genial, ready, responsive orator, who for years, on public occasions and in every emergency has most happily voiced Eclectic principles and enunciated reform sentiments, Doctor L. A. Perce, of Long Beach, Cal., who was chosen to be our representative standard bearer. It is now history that he honored his position, and when his term of office came to an end in the National Council, he left a clean record behind of his administration for good work accomplished.

Intervening years followed and the stalwart National organization again took the East into custody and last year selected for its standard bearer the time tried and greatly honored teacher of Theory and Practice in the Eclectic Medical College in New York City, where he has for a quarter of a century or longer remained at his post of duty, G. W. Thompson, M.D., as president of the National, at Boston, Mass.

In anticipation of the selection of a National President previous to the Ides of May, 1910, the shadow on the Gnome dial was much agitated, passing from one figure to another, rapidly Eastward; and was thus interpreted. Let Los Angeles communicate at once with Prof. George Washington B.—whom the index indicates will at once promptly act upon the suggestion and aid in the solution of the Gnomes problem. Within 30 days after his reception of the Gnomes' recommendation, he replied as follows. Among other lovely things said: "I consider the suggestion to be the wisest, safest and sanest choice that we can make, and am delighted to have received it from you. It has already been most favorably considered."

At the conclusion of the manifold labors of the National at Boston this year, the all-important question arose, who for the coming year is the representative man of progressive views, a thoroughbred in Eclectic medicine, one wholly devoted to its innovating truths and far reaching principles.—one whose professions not only, but whose sacrifices and labors demonstrate his unfaltering fealty to the cause of progressive medicine. Where is the man?

The nominating council retired and in the dark as in the light the index on the National dial pointed first to N. Y. City, then gradually veered to Cincinnati, and it was still unsettled. The varying index in its questful movements took westward flight, over rocky mountain heights, over arid desert plains

scorching in heat, and over the verdant borders of California's luxuriant vegetation. The Gnome softly whispered in our ear, as the index was nearing the Pacific Coast, it took Pomona on its way and there quieted and lingered lovingly as though exceedingly loth to proceed farther. Finally it slowly, almost imperceptibly, veered its course and did not come to its journey's end until it reached the very doorstep of California's Eclectic Medical College and the number 337½ glowed brightly in gnomes' light for a moment and then suddenly vanished!

The Pacific states' Eclectics rejoice with us tonight that the National Council made so wise, and as we view it, a discriminating choice, when our modest Dean, J. A. Munk, M. D., was honored as Standard Bearer; the man whom Californians know personally and delight to love and trust; whose winning manhood, unselfish magnanimity and sterling worth will be the lustrous ornaments that he will wear to grace the presidential chair.

Dr. Munk, we as individuals not only, but through us tonight representing the grand cause of Eclectic Medicine everywhere, cordially welcome your arrival back from the East, each one of us better pleased and far better satisfied, that yourself, instead of any of your admirers present was selected, however great the honor may signify, the President of our National Medical Association, because it comes deservedly to you, not at a bound, but as a well-merited testimonial of the value of your entire life's labors to our cause and for the multiplied benefits you have already freely conferred upon our common humanity.

OUGHT THE PHYSICIAN TELL THE PUBLIC ANYTHING ABOUT VENEREAL DISEASES?

R. W. Musgrave, M.D., Ph.B., Hanford, Cal.

Read before the California Eclectic Medical Society.

The idea of giving publicity to a Class of Diseases, which are distinctively private in their character, may seem at first glance to be entirely out of place. Social sentiment and the Code of Professional Ethics have always protected this Class of trouble from exposure. The reason for this concealment is no doubt due to the element of shame with which they are invested by popular prejudice, together with the fact that the origin of these types of Disease is due solely to licentious indulgence. There is, however, almost a unanimous sentiment throughout the civilized world today, of the absolute necessity of some character of Prophylaxis in Venereal Diseases. This

sentiment is by no means confined to the Medical Profession. We find Statesmen, Literary people and others prominent in the different walks of life, all combating this great Social Evil. From a Professional standpoint, if the efforts that are now being put forth in combating this Great Evil, is a measure simply intended for Public safety, for that reason alone, the Physician should certainly consider it one of the most important duties he owes the Public, to share with them such knowledge, and such facts as he may possess, that will be the means of imparting to them a thorough knowledge and understanding of Venereal Infections, as well also what the future and its resulting consequences of this character of trouble means to the welfare, and as well also to the future progress, of this great nation.

It has been the custom with the Medical Profession in times past to tell only a part of the truth in regard to Venereal Infection, to apologize also for not telling the whole truth, and then to cover up what we did tell with a coloring that has robbed these affections of their appalling effects.. ."An ounce of prevention is worth a pound of cure." Our Profession is evidencing the truth of this adage, in its efforts for better Sanitary Methods, better Hygienic conditions, the Isolation of Contagious Diseases, and as well in the education of the masses how to avoid the contraction of these Diseases.

History tells us, that from the earliest times, Venereal Diseases have been prevalent. Men of all races, of varied types of intelligence, of all Religions, and of all Schools of Medicine, have thought and have written on this subject. There is nothing new, not even today, that can be said on this topic. But let me ask, what has become of all this effort of centuries? Can any one say that Venereal Disease is less prevalent today than it was? With all the advancement we have made in everything that relates to the betterment and enlightenment of the human race, we have not exterminated this trouble.

In my opinion, all the efforts made to stamp out Venereal Disease by giving instruction relative to its nature, its history, its treatment and its consequences, is simply nothing more than time wasted. Just so long as men and women desire, women and men will reciprocate, and Venereal Diseases will continue to exist, and this state of affairs will continue to last so long as men and women are left on the earth. It is true that the love of home, or the fear of resulting evil, will be a means to deter some, but it will never prevent some person from contracting some type of Venereal Disease.

In a very excellent article on this subject, written by Dr.

George Whiteside of Portland, Oregon, he makes use of this language in summing up his argument on "What should we teach the Public regarding Venereal Disease," by saying: "According to the most modern ideas, it is now thought best to try to reform vice by attacking it in a previous stage." This axiomatic epigram appears in a Monograph entitled, "Alfalfa in the Willammette Valley," by W. W. Cotton. In speaking of Seed and Seeding, he describes a vine called Dodder, which is a parasite of the Alfalfa plant. Mr. Cotton says: "The proper way to avoid Dodder, is not to plant the seed." How simple this statement, and yet how all comprehensive. To paraphrase it, we need but say that the proper way to avoid Venearal Disease is not to plant the seed. That is the modern method. To look forward, and not backward; to train up the child in order that the next generation may be cleaner and more manly than the present one."

Any Prophylaxis to be effective, and at the same time that can be relied upon, must be taught in early life. We need better Mothers. If the Mother would only teach her Children in their early life something about the Anatomy and Physiology of the Sexual Organs, and not wait till the age of Puberty, a foundation would be laid that would be of material benefit to the Child in after life.

It is the mystery that shrouds this subject that renders it attractive. Teaching and example may possibly guide and train the mind to control the desires of the flesh until reason releases them and allows Sexual Passion an outlet. Any teaching having this purpose in view should inform the mind of Youth the energy which should be potential. It should advise by all means habits of cleanliness, both Mental and Physical, and picture the possibilities of Venereal Diseases. The Parasites known as Gonorrhoea, Chancroid and Syphilis, are as destructive to the human body as the Dodder Vine is to the Alfalfa Plant, and the truth of the axiom, "That the proper way to avoid Dodder, is not to plant the seed," applies with equal force to the statement: "That the proper way to avoid the contraction of Venereal Disease, is not to plant the seed." How much better it would be to prepare the mind of the Child by a well chosen education begun very early and continued until adult life. By such edueation the Youth or Maiden is taught how to avoid Venereal Diseases not only by not planting the seed but as well at the same time giving it no encouragement to grow.

I wish to state in connection with this that to my mind no

greater duty is imposed upon the Physician than that he should expose the many fallacies and superstitions of the Publie with regard to these types of trouble. The common saying, "That Gonorrhoea is no worse than a bad cold," is without doubt one of the worst. The counter prescribing of the druggist is another that should be condemned, as well also the "Sure Cure" of some good friend, and last, but not least, the mereenary motives of Quacks and Charlatans should be also eondemned, and their villainous teachings exposed.

The Physieian should eonsider it a duty he owes to the Publie to explain to them the effect Venereal Disease has upon the general health of the person affected, not only that which relates to its present effect, but as well, the resulting future eonsequences. It is time that the General Publie should understand that Gonorrhoeal Infection extends not only into the Organs of the Genitro-Urinary System of both Male and Female, but may as well involve the Vascular, Lymphatie and Nervous Systems, and also the Joints and very frequently the Eyes. He should be made to understand also, that one of the most common sequelae of Gonorrhoeal Infeetion is a complete elosure of the Urethral Traet.

Statistics show us that forty-two (42) per eent of those affeeted with Gonorrhoea beeome sterile, while fifty (50) per eent, and possibly more, of all the sterility is due to this same cause. Syphilis eauses not only the disfiguring lesions of the Skin, but attaeks as well the Bones, Muscles and Speeial Organs of the body. This type of Disease is the fruitful eause in a great many instanees, of Ataxias, Paralysis, Bone Necrosis, Insanity and often times Imbeeility. These, and many other eonditions, should be taught the Public in order that they may fully understand and appreeiate the consequeness of Venereal Infeetion.

I have an abiding faith in the Public. When made to think, it reaehes sooner or later, a wise solution of the problem. If it be true then, that we as a Profession, have now aeeepted faets that are so elosely related to the welfare of the Publie, it certainly is our duty by means of Judieious Publieity, that the same should be known, for then a potent influenee will have been established in reeognizing these types of trouble, together with the inauguration of a method that will be of material benefit in limiting their dissemination.

If we pause for a moment and eonsider: Is there a Physieian today that does not fully realize and appreeiate the appalling effeets that Gonorrhoea and Syphilis has had and is

now having, on Heredity. Chancroid has no heredity influence. When you come to consider Abortions (voluntary or otherwise), and the relation it bears to Race Suicide, they are as nothing in comparison with these troubles. We are now told that fully eighty (80) per cent of all Blindness originates in Gonorrhoeal Infection of the Eyes of the Child during Parturition, not to mention the number of such Infections of the Eyes that occur in adult life. It is a well known fact, that over seventy (70) per cent of all the Gynecological Operations now being done are due primarily to Gonorrhaeal Infection contracted either within or without the pale of Matrimony.

It is claimed that fully ninety (90) per cent of all Men have had Gonorrhoea at some time in their lives. From my experience as a Physician, extending over a period of more than twenty (20) years, in the treatment of this Class of Diseases, I fully endorse the sentiment expressed by Noeggerath: "Once a Gonorrhoea, always a Gonorrhoea." In fact, I almost question the curability of this type of trouble, unless competent Microscopical evidence proves otherwise. Like pale Death that knocks with equal fate at cottage door and palace gates, Venereal Diseases are no respecter of Class, Age, Condition or Occupation.

If Health Boards, and all others who are charged with the important duty of the preservation of the Public Health, were to put into effect the plans and methods adopted in combating and controlling other types of Infections and Contagious Diseases considered dangerous to the Public, Venereal Diseases would be the first on the list demanding attention. There is, however, one other element in the consideration of this subject, against which the Public have no protection, nor have any measures been adopted that would be the means of instructing the masses how to avoid this Contagion, and that element is what might be termed, the "Ambulatory Type" of Venereal Disease. Those centers, so to speak, that travel from place to place.

Prostitution is the most fruitful source of Venereal Affections. The Public know this. Prostitution will never be stamped out, and all the best efforts put forth in this direction will not reduce, nor even prohibit this blot on our Social Life. Behind all the study, and all the thought given to this subject of Venereal Diseases, so far as it relates to Prostitution, there is, however, one form of Prostitution which we must acknowledge is beyond our study, one that must be considered and appreciated, and that is this so-called "Clandestine Prostitu-

tion." I believe, however, that the future will bring forth some sort of a solution that eventually will lead to its management.

At the present day and time, we are confronted with the fact that Social Sentiment holds that it is a greater violation of the proprieties of life to publicly mention Venereal Diseases than privately to conceal them. A sentimental objection based on this so-called conventional prejudice affords no valid excuse for silence on the part of the Medical Profession. Sentiment ought not, and should not, have any place in the councils of Preventive Medicine: especially so, when sentiment is opposed to Sanitation and Right Living.

For the past Thousand years, and possibly more, civilized society has been cursed by four (4) great Physical Evils, viz: Small-pox, the Great White Plague (Tuberculosis), Alcoholism and the Social Evil.

Small-pox, through the efforts of the master mind of Jenner, has been relegated to that of the Dark Ages. The Public now realize, through the great strides made within the past ten (10) years, of the very great importance of the Great White Plague—Tuberculosis. Practically speaking, we are now masters of this type of Disease. Relative to Alcoholism, a great deal has been done, and more will be done in the future, in the control of, and enlightenment of the Public, on the use and abuse of this Drug. When we take into consideration the question of the Social Evil, a scourge that permeates the whole social fabric of today, we can truthfully say that comparatively nothing has been done. Legislation, no doubt, is all very good, but in a country like this, all the laws that may be enacted, in my opinion, will be of no value, nor of the slightest use, nor will they prove effective, unless the same is backed up by Public Opinion.

This question of Venereal Disease is not one of whether the Child shall be taught, or shall not be taught. It is not altogether a question of teaching; nor is it a question of safety through innocence or through ignorance. It is a very difficult thing to get safety through ignorance; that character of ignorance does not exist. There will be knowledge; and that knowledge must be Scientific; it must be pure, sensible and reverential. Knowledge of this character will impress the Child with a reverential respect for the most important Organ that the Master has given him. While on the other hand, a lack of this character of knowledge will find the growing Child impressed with abnormal ideas and thoughts that will

tend toward a Physieal, Mental and Moral deeay. The Child has got to know. He is instructed every day. He is instructed by the Cats, by the Birds, and in all sorts of ways. He is even instrueted by his every-day eomrade. He is eurious, and he has a right to be eurious. There is a sort of a demand in his mind to know these Organs, their origin, their uses and their destiny. It will be right, it will be prurient, or it will be wrong. Here the saered duty is imposed upon the Physieian, that by his influenee and assoeiation with his patients in the eommunity in whieh he resides, that he will endeavor to ineuleate all sueh, with a safe, scientifie knowledge of all these matters, so that the Boy or Girl before the dawn of puberty, may have an understanding and a knowledge of this all-important subjeet. The time will then possibly eome, when even some of us will live to see the day, that instead of sixty-five (65) or seventy (70) per eent of womankind paying the penalty as a result of this Great Soeial Evil, that pereentage will be greatly lessened. No more saered duty devolves upon the Physieian, to my mind, today than that the Public should know that the introduction of Venereal Infeetion into Marriage eonstitutes its ehief danger, and at the same time makes up the saddest chapter in the martyrdom of Woman. Poets sing that he who dries a tear or saves a pang to suffering Woman has rendered a serviee more praiseworthy than to have fought a battle or eaptured a ship. Equally true, then, is not the Physieian as great a benefaetor to his raee, who by his ability devises means for the saving of life, and who by his genius, together with that of the hearty support and eo-operation of an united Medieal Profession, ean rid the world of this great seourge—this universal Soeial Evil.

The Public should be impressed with the faet that Prostitution is not eonfined to the plaee in whieh it originates. It is a Viee that even invades the habitation of virtue, even the sanetity of Marriage is not free from its defiling toueh. The very sourees of human existenee are contaminated by it, it pollutes the fountain of life, and the saered funetion of maternity is polluted by its presenee. Its defilement even elings to the innoeent babe upon being ushered into the world. How absolutely neeessary it is then that this foul ulcer in the flank of soeiety should no longer be eovered up and eoneealed. It should be laid bare and exposed. It should no longer pollute the sanetity of Marriage, the breeding plaee of humanity, so that the springs of heredity may be kept pure and the Child no longer deprived of its rightful heritage of Health, Vitality and Vigor.

There is no factor, in my judgment, that is so dangerous to the Public Health, and one that is so utterly ignored and so systematically covered up and concealed, as Venereal Infection. I admit that from a Professional standpoint, this motive is probably defensible, and, no doubt, commendable. But leaving aside the feeling of sentiment, irrespective of any other motive, this policy of concealing a peril, one that has so great a bearing on the Public Health, is contrary to all the principles of Sanitation and Right Living. The powerful ally of any contagious or Infectious Disease is concealment. If we would but apply a little Judicious Publicity to this character of troubles, just the same as is demanded of other like character of Diseases, it seems to me, there would be a complete revolution in sentiment, because no better remedial measure could be adopted than this light of Publicity, for there is more corrective force in this enlightenment than in all the Laws that have been, or ever will be, enacted. In this connection, let me say that I hope the day is not far distant, that before any young Man or Woman is allowed to assume the sacred obligations of Marriage, that it shall be necessary for each of them to present a Medical Certificate as an evidence of their Physical fitness before assuming the responsibilities of the Marriage relation. If ever such a law is enacted, a very great advance will then have been made, that will not only be the means of making better and happier homes, but in the end, will rebound to the future welfare and progress of this Nation.

In conclusion, let me say that from this brief and somewhat imperfect consideration of this Subject it should impress us as Members of the Medical Profession, the importance of imparting to the Public some knowledge of the very great seriousness of Venereal Infection, and instead of the query: "Ought the Physician tell the Public anything about Venereal Diseases?" rather should it be that "The Physician should tell the Public everything about Venereal Diseases."

OBSTETRIC EMERGENCIES.

John Fearn, M.D., Oakland, Cal.

Read before the California State Eclectic Society.

Many years ago I heard a conversation between some young medical students, obstetrics was their theme. One of them from his remarks evidently thought that obstetrics was the easiest study in the whole curriculum of the physician, and he at least anticipated no trouble in that part of his profession. I have often thought of that young man and if he followed the practice of his choice I doubt not he has modified his views long ago.

In the practice of obstetrics there are many trying emergencies and the faithful and conscientious physician spends many anxious hours in the parturient chamber.

When first I began to practice obstetrics, everything went well for quite awhile, and I was considered a success. But the fact is my cases were all easy and natural, in fact most of them were cases in which nature needed very little help. However, the time came when all this was changed.

Within a radius of perhaps twenty miles there were three cases of puerperal eclampsia coming one after another; to the first one I was called in counsel. I gave the old doctor in charge my views as to the best course to pursue, but from the first it seemed a hopeless case. The other cases I was too far away to be of any service but they all three died. Soon after this I was called to see a woman who was thought to have arrived at full term, but strange as it may seem, though she seemed to be perfectly rational, and though she had already had a large family, yet at this time she firmly declared she was not pregnant, however, in a reasonable time I delivered her of a fine child. As she seemed so well I left her in the care of a near-by physician, but after some days she passed away. The exact cause of death I never learned.

The next case to try my metal was a case of shoulder presentation. For three long days this poor woman had been in labor attended by an ignorant foreign midwife. To reach her I rode over the mountains for about seven hours in the night and found her almost gone. It was thought best to deliver her under chloroform. This was accomplished but the long fight had been too much for her. She succumbed.

These four cases coming so close together, made a great impression upon me. I have seen success in terrible cases of eclampsia and other troubles incident to parturition since that time. And I have come to the conclusion that no part of the practice of medicine calls for a greater watchfulness and closer care and study than does the practice of obstetrics.

WHAT DIFFERENCE DOES IT MAKE?

Ovid S. Laws, M.D., Los Angeles, Cal.

My utter inability to attend our state society meeting was a cause of much regret. Not that I had anything to offer, but to show my interest in the good work. I was present at the Southern California meeting May 10th, but the effort made my joints so sore that I dared not try it again. But few were present at our meeting. In fact it was the poorest meeting we have ever had. Not having heard from the state society

until August 1, I feared it was no better. But some notice of it in the August Journal cheered me up somewhat.

I have been wondering if the dynamite of our enthusiasm has all been exploded and a majority were saying or thinking "what difference does it make" whether I go to these meetings or not?

"What difference does it make whether I am an Eclectic or not? All schools look alike to me! The weakest point in our past history of Eclecticism has been our failure to keep this question hot, and properly answered. Enthusiasm should be kept at boiling point. Every student should become a live wire by being taught that it makes a tremendous difference to be or not to be clearly posted in the principles of Eclecticism, of specific medication. Poorly attended society meetings are discouraging but a full attendance is encouraging and stimulates enthusiasm. The life of Eclecticism depends largely upon its societies. Therefore, every Eclectic should attend and invite others to fill up and learn what Eclecticism stands for. Its value depends upon its ability to save annually many lives that no other practice can save. And other thousands are saved from ruined lives by drug poisoning.

Let me give you the first lesson I got in this line.

Dr. Richard Bard was my preceptor and well posted in botanic medicines, and was well supplied with the newest Allopathic books also, which he freely consulted. He was full of enthusiasm and successful far beyond his competitors. Scarlet fever used to be a frequent scourge among the children of Illinois and was bad at that season. Dr. Bard lost no cases that I remember, but frequent deaths were reported in other hands. One day he was called to a family where at least two of the children were down with scarlet fever and one had been "given up" as hopeless. He was given charge of the hopeless case and Dr. Rogers continued with the others. In less than forty-eight hours Dr. Bard's case began to get well, and another was given up by Dr. Rogers. About this time the two doctors met for the first time. What words passed between them I do not remember, but the turn in the situation was too much for Dr. Rogers to tolerate. So, the irate doctor grabbed a chair and brought it with a swing over towards Dr. Bard's head. But Dr. Bard, being a strong man, grabbed it and held it with one hand till the father of the little ones came and took it away. Then the angry Dr. Rogers left and the other child soon began to improve and both got well. That shows what difference it made in that family.

Two restored babies instead of two funerals. You can readily see that Rogers would have preferred the funerals.

I have found the same old spirit of intoleranee all the time since, but not in so tragic a form and yet not far short of it. Rule or ruin is the inquisitorial spirit that seeks a "cabinet officer" at Washington.

The experience of every Eclectic has been the same, no doubt. They always cure a larger percentage of these death-dealing diseases than their competitors of the old school and, in fact, of any other school. That means that they are saving lives that would be lost without the prineiples peculiar to Eclecticism. One saved each year by each Eclectic would amount to thousands annually. But, from five to ten times that number would be nearer the proper estimate. To one who values human life that makes a great difference. I firmly believe that Dr. Richard Bard saved more than half a dozen lives the year I was with him, but the two mentioned above were worth all the world to the parents. It made a tremendous differenee to them and added much fuel to Dr. Bard's already red hot enthusiasm. Such doctors always succeed in life-saving and consider it worth while to attend our societies so as to help kindle the enthusiasm so essential to the upbuilding of any good cause.

I am an Eclectic, not for the sake of party spirit, but because, as above shown, of the great differenee in life saving. Only a few months ago a man seventy-seven years old was cured of "bilious colic" after being treated three years by a first-class regular. He was constantly growing worse and was told that surgery was the only help, and that no medicine would prevent the formation of gall stones. My remedies completely restored him in four months, giving relief from the start. The same man sent a lady to me from a distant town who had been troubled with hematuria for seventeen years and "had been treated by many of the best doctors in Los Angeles." But she had been worse the last year than ever before. My treatment began the first day of May, and she was so well by the tenth of June that she went to Idaho with her husband and has not yet returned or sent for more medicine. She took enough with her to last a month.

CALIFORNIA STATE BOARD OF EXAMINERS.

HYGIENE.

(Answer 10 questions only.)

1. What deleterious gases accumulate in improperly ventilated rooms?
2. What diseases may be propagated by drinking water? How may the impurities in water be detected?
3. Name four methods used in communities for the disposal of sewage and describe one method.
4. Outline a rational method by which the condition of milk supplied to a community might be materially improved.
5. Name four diseases which may be transmitted by milk.
6. Name four diseases that may be transmitted by the eating of diseased meat or fish.
7. What is the germ theory of disease? What laws were made to prove this theory?
8. What is an endemic disease? An epidemic disease? A miasmatic disease? A sporadic disease?
9. What are deodorants? Antiseptics? Germicides?
10. With what is ground coffee said to be frequently adulterated, and how may the adulterants be detected?
11. With what is vinegar sometimes adulterated and how would you test for the adulterant?
12. How may the presence of lard in olive oil be detected?

GENERAL DIAGNOSIS.

(Answer 10 questions only.)

1. Give the causes of enlargement of the liver and describe atrophic cirrhosis of the liver in detail.
2. Differentiate tetanus from hydrophobia.
3. Name the different varieties of casts found in the urine and what is the significance of each?
4. Give the symptoms of multiple sclerosis.
5. Give the symptoms and signs upon which you would diagnose a typhoid intestinal perforation.
6. Differentiate variola from varicella.
7. Describe an attack of acute appendicitis.
8. Describe an attack of acute pericarditis.
9. Give the causes and physical signs of ascites.
10. Differentiate iritis from glaucoma.
11. Upon what signs and symptoms: diagnose a fracture through the neck of the femur.
12. Describe the symptomatic development of a severe hemorrhage which presses upon the upper one-half of the fissure of Rolando following a blow upon the head.

ANATOMY.

(Answer 10 questions only.)

1. Name the visceral contents of the middle epigastric region.
2. Describe the changes that take place in the vascular system at birth.
3. Draw diagram showing relationship of stomach, spleen, pancreas and kidneys to the back.
4. Name the uses and supports of the arch of the foot.
5. Give the boundaries of the axilla and name its contents.
6. What are the anatomical conditions that minimize the effects of violence upon the skull?
7. Describe the course of the brachial artery. At what point may it be most easily compressed?
8. Give the relations of the prostate gland.
9. Make drawing of the shoulder sufficient to show the relation of the bony points.
10. Give the sensory and motor distribution of the median nerve.
11. Name the chief varieties of joints and give their subdivisions with an example of each of the latter.
12. What influence has sound on the nerves? Name parts affected.

PATHOLOGY.

(Answer eight of the written questions and identify four slides.)

1. What blood changes are found in simple anaemia and describe the general or systemic effects if this condition is long continued?
2. Give the pathology of chorea.
3. Describe the macroscopic and microscopic characteristics which distinguishes malignant tumors or growths from those of a benign or non-malignant type.
4. Describe fully the effects and changes which result from an excess of secretion of the thyroid gland, and the effects and changes resulting from a deficiency of the thyroid secretion.
5. Describe the pathologic changes which take place as a result of chronic lead poisoning.
6. What organism is responsible for tropical or amoebic dysentery? What part of the intestinal tract is principally affected, and describe the changes resulting from the disease?

7. What are the prineipal eauses of the ordinary summer diarrhoea or dysentery of ehildren, and deseribe the eondition of the intestinal traet usually present?
8. What eonditions most frequently give rise to eerebral thrombus; what part of the brain is most likely to be affeeted, and what blood vessels most likely to be involved and why?
9. In imperfeet elosure or insuffieieney of the mitral valve of the heart deseribe, in the order of their occurrenee, the ehanges which take plaee in the heart and blood vessels and the resulting pathologie eondition in other parts of the body.
10. Deseribe the eondition of the lung in eases of delayed resolution in eroupous or lobular pneumonia, and what is the usual ultimate result if not relieved.
11. Identify 2 slides.
12. Identify 2 slides.

CHEMISTRY.

(Answer 10 questions only.)

1. Define alkaloid. Name five alkaloids eommonly used in medieine.
2. How mueh of the following ingredients will be found in the urine of an adult who passes 1500 e. e. of normal urine daily? (a) urea, (b) ehlorides, (e) phosphates.
3. What is a ehemieal symbol? Give the symbols of ten elements.
4. Give the eomposition of properties of, and tests for sulphuretted hydrogen and mention any ehemieal ageneies by whieh its offensive odor may be removed.
5. How is formaldehyde prepared? In what forms is it used as a disinfeetant?
6. What is the eomposition of butter? Deseribe a good method of determining the volatile fatty aeids in a sample. How does this assist you in deeiding the question of adulterations?
7. What are the respeetive aleoholie strength of beer, elaret, sherry, gin, whiskey?
8. Name the solids eontained in normal blood. What proportions do the solids bear to the water in the blood?
9. Give the eomposition of stareh, eane-sugar, grape-sugar and sugar of milk. Caleulate the number of grains of earbon present in 1,000 grains of stareh and eane-sugar respeetively.

10. What is ozone? Is there any real evidence of its presence in the atmospheric air? What other substances give similar actions? Has its presence or absence any sanitary importance?
11. How would you recognize each of the following gases, chemically, when mixed with air: Carbon, monoxide, sulphur dioxide, sulphuretted hydrogen and hydrochloric acid?
12. How would you detect the presence of tartaric acid in lemon or lime-juice?

PHYSIOLOGY.

(Answer 10 questions only.)

1. Describe the phenomenon of muscular tone.
2. What is the chemical theory of fatigue?
3. What is the difference in the paralysis from injury to the spinal and the pyramidal neurons, respectively?
4. Name four sensory qualities of cutaneous nerves and tell how they are distributed in the skin.
5. What is the function of the eustachian tube?
6. What normal conditions produce a variation in the number of red blood corpuscles?
7. Mention four factors concerned in producing normal pressure and velocity of the blood.
8. What physical changes take place in respired air?
9. What conditions affect the action of ptyalin?
10. What is the general physiological importance of bile?
11. What is the physiological role of the adrenals?
12. Mention four ways by which the body loses its heat.

OBSTETRICS.

(Answer 10 questions only.)

1. Between what points are the four measurements taken in external pelvimetry?
2. How is the pelvic inlet bounded?
3. What are the anomalies calling for cephalic version?
4. In mammary abcessses what is the usual source of infection and how can it be prevented?
5. Give the aetiology and diagnosis of phlegmacia alba dolens in puerperal state?
6. In breach presentations, occiput anterior, in what position would you place the body of the child in the application of forceps to after-coming head?
7. Describe hyperemisis and its dangers.
8. Give the symptoms and diagnosis of puerperal septicemia.

9. What are the causes of secondary post-partum hemorrhage?
10. Describe the "Braxton-Hicks" method of manipulation in placenta previa.
11. What are the causes and dangers of precipitate labor?
12. Describe polyhydramnos and its dangers.

HISTOLOGY.

(Answer 10 questions only.)

1. Make a diagram of a transverse section of the spinal cord showing white and gray matter, position of motor and sensory roots of spinal nerves, central canal and principal motor cells.
2. Describe the muscular coats of the oesophagus.
3. Name the various forms of encapsulated sensory nerve-endings.
4. Describe minutely a medullated nerve fiber.
5. Describe the blood supply of a hepatic **lobule.**
6. Describe a renal Malpighian corpuscle. Make drawing.
7. Name two cells typical of the human cerebellum. Give short description of each and make drawings.
8. Tell how you would distinguish a **transverse** section of the **duodenum** from a **longitudinal** section of the **transverse colon.** Make diagram.
9. Name the blastodermic layers from which the following tissues and organs are formed:
   (a) Enamel of the teeth.
   (b) Finger-nails.
   (c) Urinary bladder.
   (d) Pancreas.
   (e) Lymph nodules of the intestines.
10. What is meant by the following terms:
   (a) Haversian canals.
   (b) Osteoblasts.
   (c) Osteoclasts.
   (d) Lymphscytes.
   (e) Eosinophiles.
11. Examination of slides.
12. Examination of slides.

BACTERIOLOGY.

(Answer 10 questions only.)

1. Explain how Diphtheria Antitoxin is made.
2. Give two methods of producing Immunity (Active).
3. What is a Bacterial Vaccine? How does it act?

4. Give positive tests distinguishing Gonococci from other Cocci.
5. Describe in detail a method of staining Tubercle Bacilli.
6. Name five Pus-producing organisms.
7. Explain how Pus is produced by Germs.
8. Give two methods by which Bacillus Typhosus may be distinguished from Bacillus Coli Communis.
9. Show by drawing appearance under the Microscope of the following: Spirochaete Pallida, Bacillus Diphtheriae, Bacillus Pestis, Bacillus Tetani, Amoeba Coli.
10. Describe cause and usual method of entry of Epidemic Cerebro-Spinal Meningitis.
11. What is meant by Widal's Reaction? Describe two methods of doing it.
12. Describe the different methods by which Bacteria propagate. Give three.

GYNECOLOGY.

(Answer 10 questions only.)

1. What is the Menopause? Its physiological establishment. What are the especial dangers of this period?
2. What are the causes of hemorrhage in the non-pregnant uterus, other than menstruation?
3. Diagnosis of Uterine Fibroids. What pathological change often takes place? Prognosis.
4. Acute pelvic Peritonitis, causes and symptoms.
5. What is the differential diagnosis between Ascites and Ovarian cyst?
6. What is amenorrhoea, its causes and dangers?
7. What are the symptoms and management of imperforate hymen, with prolonged retention of secretions?
8. What is chronic endometritis, etiology and symptoms?
9. Early diagnosis of Cancer of the Uterus? What are operable cases? At what period in a woman's life is it most liable to occur?
10. Urethral Carunele, diagnosis and symptoms.
11. Hematoma of the vulva, symptoms and diagnosis?
12. Specific vaginitis, symptoms, diagnosis, and complications.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR NATIONAL ASSOCIATION.

The present period of the world's development might well be called the era of organization. One mammoth organization after another is effected and these in turn combine into one, "the like of which there is none other upon the face of the earth." Its power is so great and so diversified that there is no competition—its rule has become absolute. In its own sphere it is a world-wide monarchy of the old absolute type. Having accomplishhed so much—in fact, absolutely everything—no further progression is possible and retrogression will begin. There is a homely adage to the effect that "give a calf plenty of rope and it will hang itself," which may be safely applied to the possessor of power. The less the limitations the quicker the downfall. However, it is well not to wait too complacently for such dispensations of providence for there is another adage which says, "the mills of the gods grind slowly."

The fact that particularly concerns us is that there is an organization known as the A. M. A., and that its chief object is the possession of power, even of the unlimited variety. Should it succeed in gaining such power it is not denied that that day will see the end of liberal medicine. The forecast certainly is "stormy weather" for Eclectins and others

who believe in personal and professional freedom; and it behooves us to consider means of providing adequate shelter. Many plans have been suggested and each has some good points; but the one thing that will do us all good every day of the year is a big, energetic National organization. While not entirely approving of such large organizations, because we believe they promote injustice among men, as witness the present endeavor of the A. M. A., yet frequently they are necessary. And the present is a time of necessity. It sometimes happens that in order to have peace it is necessary to fight for it. As we have said before on this page our personal belief is that it is now time to fight. And we are much pleased that such was the expressed sentiment of the National at its last meeting. This warlike spirit was properly shown by its selection of a prsident for the ensuing year. And in this connection as a character study we invite your attention to a very good likeness of Dr. J. A. Munk, which appears as a frontispiece in this number.

We have had the personal privilege of an intimate acquaintance with Dr. Munk, extending over a period of many years; and of our own knowledge could say many nice things about him. However, it seems in better taste to copy his biography from an old friend in need, the Gleaner.

JOSEPH AMASA MUNK, M. D.

"Eclectic medicine in America can boast of many men who are not only leaders in medicine and medical policy, but who have achieved distinction in lines not directly associated with their vocations. Some have entered the political arena and have become statesmen, others general scientists, some have represented our country before other governments as diplomats, and yet more have held positions of high honor and trust in our own land. A few have entered the literary circle and written books that rank with the best. Among the latter is the talented author of "Arizona Sketches,"—a delightful and fascinating series of descriptive essays, depicting that marvel of wonders—the Arizona Country—all as seen through the eyes of a devoted lover of nature and man of science. Physician, naturalist, bibliophile, antiquarian, ethnologist, musician, author and promoter of Eclectic interests, Dr. Joseph A. Munk, of Los Angeles, California, is first and last a man of interesting and versatile parts. The Journal is glad to present his portrait, and hopes that it may be the pleasure of many of its readers to attend the coming meeting of the National and become personally acquainted with the subject of this sketch.

Joseph Amasa Munk, M. D., was born on a farm in Columbiana County, Ohio, November 19, 1847. His father, Jacob Munk, was German; his mother, Marie Rosenberry, Pennsylvania Dutch. His paternal ancestors were English and left England for Germany during Cromwell's time on account of religious persecutions. When the subject of our sketch was five years old, his parents moved to Salem, Ohio, and four years later to a farm near the village of Mt. Union, Ohio, where several years were passed in play and work, farm life and attendance at the district school. Most of his early education was acquired at Alliance, Ohio. The stirring days of the Civil War soon fired the youths of the neighborhood with military spirit, and following the patriotic trend of their elders, they organized a military company for drill, and young Munk was elected Captain. Real martial experience followed in the summer of 1864, when a mere boy, but with his father's consent, he enlisted in Company I, 178th Regiment, Ohio Volunteer Infantry. With this regiment he soon saw active service in the field of war. Serving as a private in several campaigns, both East and West, he has honorably discharged and mustered out of service in June of 1865. Thus at the close of the conflict, our young soldier was not yet eighteen years of age. Returning home, Joseph Munk entered the Mount Union College at Alliance, Ohio, and applied himself to a course of study which fitted him for his subsequent active career. One year later (1866) he took up the study ot medicine with Dr. D. H. Rosenburg, of Bettsville, Ohio. He matriculated in the Eclectic Medical Institute of Cincinnati in 1867, and graduated therefrom in 1869. With his characteristic energy he at once engaged in the practice of his profession at Lindsey, Ohio, where he remained until 1871. He soon decided that the West offered a better field, and in 1871 he moved to Chillicothe, Missouri. In 1873 he married Emma Reazall, of Webster, Pennsylvania. To them was given one daughter, who died in infancy. Dr. Munk practiced in Missouri for ten years, but not being satisfied with his opportunities moved to Topeka, Kansas, in 1881, and formed a partnership with Dr. P. I. Mulvane. The firm did a flourishing business during the ten years of its existence. In 1891 the firm was dissolved by mutual consent, and in 1892 the junior member, Dr. Munk, moved to Los Angeles, California, where he has since resided and been actively identified in all good movements for Eclecticism.

Dr. Munk's career has been one of great energy and ac-

complishment. Fully believing that no man knows what he can do until he tries, he early in practice applied himself to self-imposed tasks. His love of nature and the natural sciences led him often to the fields and woods. He studied taxidermy and many mounted birds and small animals prepared by himself ornamented his offices. Being devoted to music he composed a number of songs which were published in sheet form by the John Church Co., of Cincinnati, and he contributed glees, choruses, and anthems to books edited by the celebrated Professor H. S. Perkins and published by Lyon and Healy, of Chicago. After leaving Chillicothe he discontinued writing music, as his time became fully occupied by his professional duties. Feeling also that a Doctor should have some diversion he joined, when in Topeka, a musical organization—the Modoc Club—composed exclusively of men and limited to thirty members. This club was organized in 1876, and under the management of its permanent president, Major T. J. Anderson, prospered greatly. It is still in active service and is in great demand at Grand Army gatherings and public meetings, and has traveled and sung from Boston to San Francisco. Soon after settling in Topeka, Dr. Munk became interested with his brothers in the range cattle business near Willcox, Arizona, where together they started a ranch in 1883. In 1884 he made his first trip to Arizona, and so greatly impressed was he with what he saw that he sought all that had been written about that then far away land. Procuring a copy of Hinton's "Handbook of Arizona," he found therein a list of a dozen or more books on Arizona, copies of which he purchased. This was the nucleus of his great collection of Arizoniana, to which he is constantly adding. In 1900, he published his "Arizona Bibliography," containing nearly one thousand titles. During the past five years he had more than doubled his collection and expects to publish in the near future a second and enlarged edition which will include more than two thousand titles. During the past twenty years, Dr. Munk has spent his vacations in Arizona and the great Southwest, and regards Arizona as the greatest wonderland of America. He has visited and studied its natural wonders and prehistoric ruins, is familiar with its natives and its ranch life, and has studied its flora and fauna, its geology and its wonderful climate with the sagacity of the scientist and ardor of the naturalist. A series of articles upon these topics have been contributed to many publications, notably the Eclectic Medical Journal and the Los Angeles Journal of Eclectic Medicine, many

from the latter having been reproduced in these pages. In 1906, he published his fascinating volume of "Arizona Sketches," beautifully illustrated, revealing his keen powers of observation and his skill as a writer. For the past thirty years he has been a regular contributor to current medical literature, and has contributed to the local press papers on hygiene and health subjects. At present he assists in issuing the Los Angeles Journal of Eclectic Medicine, one of the ablest of the current medical periodicals, and of which he is one of the founders.

"Dr Munk has always been active as an Eclectic, and has taken a leading part in the medical societies of the states in which he has resided. In 1876, he served as vice-president of the National Eclectic Medical Association. He is at present the dean and professor of Climatology in the Los Angeles Eclectic Policlinic, which he was active in founding. Dr. Munk has not aspired to public office. In politics he is a republican; in religion a Methodist. He is also a member of the Grand Army of the Republic.

"Dr. Munk is tall, stately, and stalwart, both physically and mentally. He impresses one as a solid man in all that that term may imply. A ruddy complexion, whitened hair and a dark piercing but kindly eye, soldierly bearing and gracious manners are physical features which win attention and mark him a manly man. He is a good conversationalist, a clear and forceful writer is plain and outspoken, and is altogether one who would win and retain the friendship of his fellow-men."

Since the writing of the foregoing sketch added honors have been thrust upon the broad shoulders of Dr. Munk. In the late summer of 1907, the California Eclectic Medical College was re-established in Los Angeles, and Dr. Munk was elected Treasurer of the Board of Trustees, Dean of the Faculty and Professor of Hygiene and Climatology. During the year of 1908-1909, he served as President of the Eclectic Medical Society of the State of California. More recently he has been elected director of the Southwest Museum. He has long been a member of the executive committee of the Southwest Society of the American Institute of Archaeology.

"DOCTORS' TRUST" CRUSHED IN OHIO.

Republicans Put Final Quietus on Scheme for State Approval.

[Special Despatch to the N. Y. Herald.]

Columbus, Ohio, Wednesday.—Ohio was enrolled in full membership today in the sisterhood of States opposed to a "Doctors' Trust" in this country. The second degree was

taken when the Republican State Convention, through its committee on platform, put a quietus on the attempt to line up the party officially in favor of a monopoly of medical practice. Already the Democratic party had administered a sleeping potion, feeding the proposed plank a large dose of "knockout drops" at its convention.

In the committee on resolutions here last night the members did not deem it worth while to take up the subject at all, although it had courteously given five minutes of its valuable time to Dr. J. H. J. Upham, secretary of the Ohio State Medical Association, to present his cause. In the language of one of the members the committee didn't even touch the thing.

Delegates and party leaders here declined to waste their time talking about the proposed plank fathered by the American Medical Association, because they said the people of Ohio did not demand it, did not want it and were not interested in it except negatively. Nobody save Dr. Upham, the doctors with whom he conferred and the members of the committee on platform knew the phraseology of the plank. The committeemen promptly forgot it, and no newspaper published it. In a general way it is known that the plank indorsed a national Board of Health, if not a full fledged cabinet department, at whose head should be a physician.

Lawmakers Hit Plan

Whether it were board, bureau or department, the committee would have none of it. The reason for this is clear. Of the twenty-one members of which the committee was composed ten were members of Congress during the last session. Some of them had heard the subject discussed in committees at Washington, others had learned from friends what arguments had been presented on both sides and all had become familiar with professional sentiment as reflected in interviews and editorials in the Herald.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles May 24, 25 and 26, 1910. John Fearn, M.D., Oakland, Cal., President: J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in

Los Angeles on May 10, 1910. A. P. Baird, M.D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday night, August 2nd, at 8 o'clock at the College.

Dr. Munk gave a very interesting talk on National affairs and the situation of Eclecticism in the different states.

Dr. J. W. Lawrence reported an interesting clinical case.

The next meeting will be held on September 6th at which time Dr. B. E. Fullmer will read a paper.

Adjournment.

P. M. WELBOURN, Sec'y. J. BEARD, President.

WASHINGTON STATE ECLECTIC MEDICAL SOCIETY.

The Washington State Eclectic Medical Society held its annual meeting at the offices of Dr. N. M. Cook, 358-9 Arcade Annex, Seattle, on August 2nd.

The forenoon session was devoted to the business of the Society. Several new members were admitted, with increased interest for the future of Eclecticism in the West.

Puyalup was selected as the next meeting place.

New officers elected were: Dr. Thomas J. Piersol, Tacoma, president; Dr. R. O. Ball, Tacoma, vice-president; Dr. N. M. Cook, Seattle, secretary; Dr. I. V. Cole, Seattle, treasurer.

The afternoon work consisted of reading and discussing papers, which were: "New Things in Medicine," Prof. Finley Ellingwood, Chicago; "Surgery of the Prostate and Gall Bladder." Dr. G. W. Overmeyer, Raymond; "Tuberculosis," Dr. T. J. Piersol, Tacoma; "Faradism and Galvanism in Pyosalpinx," Dr. J. B. Steel, Waitsburg; "The Country Doctor," Dr. R. O. Ball, Tacoma; "Hospital Necessities," Dr. W. H. Gage, Seattle; "Then and Now," Dr. Frank Brooks, Seattle; "Why I am an Eclectic," Dr. I. V. Cole, Seattle; "Electricity in Gynecology," Dr. N. M. Cook, Seattle.

NEWS ITEMS.

Died: C E. Bainbridge, C.E.M.C. '88, at his home in Sacramento on July 9, from myocarditis.

One of our friends living in one of the most prosperous

fruit and hop sections in this state desires to move to a larger place. He has been in his present location for five years and desires to dispose of his well-established practice, at reasonable terms, to an Eclectic.

Dr. B. N. Childs has moved from Adin to San Bruno, Cal.

Dr. J. B. Baker has moved from Berkeley to Lompoc.

Dr. M. Blanche Bolton, San Pedro, is enjoying a month's vacation at Catalina.

Dr. J. A. Baird has returned from a month's vacation spent in Bear Valley.

There is a vacancy waiting for a good physician at Los Mochis, Sinaloa, Mexico. Any one interested should write for particulars to J. P. Scolly, No. 638 French street, Santa Ana, California.

The sixty-sixth marriage anniversary of Dr. and Mrs. Orin Davis was celebrated in their home at Sawtelle on the evening of August 16th. These dear people are to be congratulated on their long and happy journey through life and here is hoping that they may live to see many years more of wedded bliss.

Dr. B. Roswell Hubbard now has a typewriter of his own and is rapidly turning out pages for his new work on surgery.

Dr. J. A. Munk, in company with Dr. C. F. Lummis, noted scientist and author, is on a trip in New Mexico to attend the annual meeting of the American School of Archaeology at Santa Fe. Some time will be spent among the cave and cliff dwellings and the ruins of the ancient city of Pu-yé, which have recently been excavated under the direction of Dr. E. L. Hewitt of the Smithsonian Institution, will also be inspected. Here were found some perfect prehistoric specimens of glazed pottery which are now among the priceless treasures of the Southwest Museum of Los Angeles.

In a recent letter Dr. Frank Brooks, 336 Arcade Annex, Seattle, Washington, writes that the Eclectics of Washington have just held a very successful meeting and that a report of the proceedings would be sent to the Journal for publication. The Eclectics of the Northwest are in a manner isolated and we are glad to receive this good news of their meeting. We also hope they will get into closer touch with the work of the National.

Drs. Copeland have moved from Robert Lee, Texas, to Zephyr, Texas.

Dr. G. W. Harvey has moved from Ripon to Millville, Shasta Co., Cal.

Dr. L. Paul Zahn and family are spending the summer at Avalon, Catalina Island.

Dr. W. S. Fowler, well known in this city, has recently moved to this place from Bakersfield.

Mrs. Holton, wife of Dr. Q. A. R. Holton, Whittier, is visiting relatives and friends in Indiana.

There was a well attended faculty meeting on August 15 at which time many new plans for the coming college year were discussed.

Recently we have received a request for information in regard to Sepia Luceuss. Next month we will publish an article on "Sepia Luceus" by Dr. John Fearn.

Dr. Q. A. R. Holton, Whittier, has been a frequent visitor in the city during the past month, attending to his duties as a trustee of the California Eclectic Medical College and also visiting a patient in Westlake Hospital.

Dr. J. F. Barbrick has taken offices in the new office building being erected at the corner of Sixth and Hill streets, and which will be completed in about six weeks.

In Dr. Burnetts' article in the August Journal he speaks of the Compound Tincture of Myrrh No. 6. We have received a request for the formula. We are unable to find same and will some one please furnish same?

We learn with gratification that the Eclectics in and about St. Louis have discovered that it is time for them to "get busy." The uncertain status of their affairs has been quite obvious to outsiders for some time, but this instance has been no exception to the general rule that "home folks" are the last to see and acknowledge the wandering footsteps of the erring child. There should be a good Eclectic College in St. Louis and the energy at present displayed leads us to expect credible results. A long pull, a strong pull and a pull together is all that is required to insure success for them.

READING NOTICES

HEADACHE AND INSOMNIA IN TYPHOID.

One of the most annoying symptoms of typhoid fever is the frequent headache. Coal-tar derivatives are too dangerous for use, and opium is generally avoided for obvious reasons. Therefore, the attendant upon a case of typhoid casts around for a product that is therapeutically active and yet free from untoward effects. For the relief of the headache of typhoid, no drug is so acceptable as Daniel's PASSIFLORA (concentrated tincture), for it promptly relieves and is free from depressing and habit-forming possibilities.

The plants from which Daniel's Passiflora is manufactured are grown on a hundred-acre tract devoted exclusively to the cultivation of this flower.

Few drugs are as potent and none so safe for nerve sedation as Passiflora (Daniel). A sample bottle will be sent to all physicians offering to pay expressage, by addressing the laboratory of Mr. John B. Daniel, Atlanta, Ga.

"NO DOPE FOR QUACKERY."

That the patent medicines used to build fortunes on the credulity and misfortunes of the weak are manufactured and supplied to their exploiters by certain well-known and supposed to be ethical pharmaceutical houses has been known in a general way for a long time, though the enormous extent of this evil and the degree to which these "ethical" concerns participate in the profits is not appreciated by the majority of physicians.

Some interesting and enlightening facts on this subject are contained in two editorial articles on "Pharmaceutical Manufacturers and the Great American Fraud," which appeared in the Journal of the American Medical Association for July 2. Any doctor who desires to know the source of the fraudulent "Castor Oil Pills," of the abortifacient "Pennyroyal Pills (which contain no pennyroyal), of "Danderine," "Cascarets," "Neuralgine," "Drake's Palmetto Compound," "Nutriola," "Getwell Tablets," "Zymole Trokays," and other things of this kind, should read this number of the Journal. He can hardly do so without having the fact borne down upon him that the Abbott slogan of "no dope for quackery" has an immense significance to every self-respecting physician, who has the interests and the honor of his profession at heart. Certainly that house deserves the support of the profession which refuses the patent-medicine blood money, and which is willing to rest its future upon its ability to serve the medical profession well and that only.

TO RELIEVE THE EFFECT OF SOLAR HEAT.

Direct exposure to the sun's rays; employment in or living in hot and poorly ventilated offices, workshops or rooms, are among the most prolific causes of headache in summer time, as well as of heat exhaustion and sunstroke. For these headaches and for the nausea which often accompanies them, antikamnia tablets will be found to afford prompt relief, and can be safely given. Insomnia from solar heat is readily overcome by one or two antikamnia tablets at supper time, and again before retiring. If these conditions are partly dependent upon a disordered stomach, two tablets with fifteen or twenty drops of aromatic spirits of ammonia, well diluted, are advisable. For the pain following sun or heat-stroke, antikamnia in doses of one or two tablets every two or three hours will produce the ease and rest necessary to complete recovery. As a preventive of and cure for nausea while traveling by railroad or steamboat, and for genuine mal de mer or sea sickness, antikamnia tablets are unsurpassed.

Clinical experience with Hagee's Cordial of the Extract of Cod Liver Oil Compound justifies the assertion that its therapeutic indications are precisely those which belong to cod liver oil in its natural condition.

The fatty element (and this alone) is indeed completely eliminated, and while the nutritional value of that factor is undoubted, as is the case with most of the other varieties of animal and vegetable oils, it must not be forgotten that oil in any form will not be tolerated by the gastric mucous membrane in many of the cases for which cod liver oil is indicated. Hagee's Cordial is free from the taste and smell of oil, and is acceptable to the most fastidious taste.

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Original Contributions

WHY I AM AN ECLECTIC.

By I. V. Cole, M. D., Seattle.

(Read before the Washington State Eclectic Medical Society.)

"Why are you an Eclectic?" This question was asked at a State board examination, by the Eclectic member of the board a few years ago, in the State of Washington. It might have been answered, Yankee fashion, by asking, "Why are you a Republican, or Methodist?"

The reason I am an Eclectic is not a State board question. It is rather a story to tell to my friends, but nothing to be particularly ashamed of, if told to my enemies.

To begin at the beginning: About twenty years ago the idea was born, but whether or not it was a miraculous conception I have yet to learn. At any rate, the idea of being a man of medicine simmered many years, for I can remember telling my boy friends, even while fitting myself for another profession, that some day I would study medicine.

I did not tell them though, that I was going to be an Eclectic. Why? Because I had never heard of the word, and if I had, would have attached no meaning to it. I was living at Englewood and working evenings when the medical idea started to work. I inquired of friends who was the best doctor in the vicinity and was directed to a man whom I afterward learned was a homeopath. I lost no time in getting an interview with him, and on telling him my ambitions and condition, financial and otherwise, he said: "My advice to you, or any other young man, is to go to a small college, where you can get around the operating table and get a close view of all operative work, and besides have direct clinical experience in medical cases. A large college looks good in a photograph, but the small college turns out the practical men that can do the work. Such a college I have in mind, and judging from several colleagues of mine who are graduates of that institution, it must be first class. Here is a note to a professor of that school, have a talk with him."

I immediately called on the professor, and after a talk with him received a note from him to the secretary of the college in

question and inside of twenty-four hours had matriculated in the Bennett College of Eclectic Medicine and Surgery.

There I learned for the first time that there are three distinct schools of medicine, with text books the same and interchangeable, with the solitary exception of therapeutics. Gould defines therapeutics as "the branch of medical science concerned with the application of remedies and the treatment of disease."

Starting back with the early Thompsonians, the formula method of using many drugs of similar action together, remained common in Eclectic practice, until the advent of Scudder.

It remained for him and others of the same period to revolutionize the methods of the day and start the real progress upward, by study of the single drug, as applied to human beings, in conditions of deviation from the normal.

The guinea pig and the frog have never appealed to Eclectics as a body, and although I read, and re-read Wood's "Frogology," my reason rebelled against the therapeutic value of medicine, as applied to small animals, and cold-blooded reptiles.

I have never had occasion to doctor a snake, although I have had dealings with some human beings who were intended by nature for that biological order, but the slipping of a cog somewhere placed them far out of their class.

But it was the clinical evidence, and bedside experience, emperical if you will, that really placed the Eclectic method of treatment on a scientific basis. The alopathic hope of naming a disease, and then shooting a cannon ball into the name, with the rather forlorn expectancy of scaring it away, has failed the same as beating on a tom-tom had failed centuries before to accomplish the annihilation of demons in the hands of wild men throughout the world.

The theory of fitting a certain symptom, with a certain drug, irrespective of the name of the disease, is the foundation of the Eclectic practice of today. So successful has it been in practice, that the "old school." are reaching out, and grasping our methods, and drugs, and I am sorry to say without giving credit where it belongs.

We are willing to concede the great advance of that school in bacteriology, and serum therapy, but when it comes to real therapeutics, we wish our allopathic friends to honor such men as King, Lloyd, Scudder, and all other eclectics, since they are all devoting their lives to the exact study of the drug, to the exact condition.

We are *all* authorities so far as our knowledge, and experience goes; and all contribute our mite to add to the growing certainty of scientific therapeutics.

That is why I am an Eclectic.

THE DIETETIC TREND.

B. E. Fullmer, M. D.,Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

Perhaps at no time in the past has there been the careful scrutiny and rigid investigation that we witness at the present time of all things pertaining to any department of medicine; and certainly recent years have recorded marked advances, or at least radical changes in our ideas of many things. When we consider that while some live to eat, all eat to live, and live by what they eat, it is little wonder that the food problem should receive its share of attention.

While the diet question is full of perplexities that appall the average young M.D., the trouble is not with the fundamentals or principles, but with their application. For while "of making many (cook) books there is no end," and be the menus never so elaborate and the chefs never so tactful in devising or disguising their dainties, the whole question rests upon a few fundamental facts:

Food is any substance which, taken into the body, contributes to the normal growth of its tissues or aids its organs in performing their normal functions. All food materials may be grouped in a few classes according to their molecular formation, or their functional value when injested. These are as follows:

1st. *Carbohydrates*, whose molecule is always H. and O. in proportion to form water (H_2O) combined with C. atoms in some multiple of six. Subdivided this group embraces all the varied forms of starch and sugar, and glycogen from liver and muscle, being thus almost entirely from the vegetable kingdom.

2nd. *Fats*. This class, comprising all animal and vegetable oils, contains the same chemical elements, C., H. & O., as the preceding, but with more variable complex molecules.

3rd. *Proteins*. This class, the albuminous or nitrogenous of the older classification, contains the elements of the former classes, and in addition N. and sometimes S. and P., the N. being the essential element that identifies the class. The Protein molecule is an extremely complex structure. Casein of milk, lean meat and eggs from the animal, glutin from grains, and legumin from peas and beans are familiar examples of this class.

4th. *Inorganic or Mineral*. Various salts of Ca., Mg., Na., K., P., and others, occurring in varying proportions in nearly all food products, are included in this class.

5th. *Accessory Foods*, so called, such as tea, coffee and alcohol, which to me seem entirely unworthy the name, as they

are in no sense covered by our definition of food, belonging rather to the class of stimulants or narcotics.

As to functions in the body, no hard and fast line can be drawn for each class, as within certain limits they overlap, but the following general statements cover the ground fairly well. Fats are metabolized in the body tissues and yield heat and energy. Carbohydrates serve a similar purpose, but a surplus is retained and stored as body-fat against a day of need. The latter function is shared by the *proteins,* which in addition, furnish the N. so essential to the growth and maintenance of the muscular and allied connective tissues of the body.

The *Mineral* supplies the material for the body tissues, the chemical fluids, and give the characteristic reaction to blood and lymph.

The relative amounts of these foods required to run the human machine are quite readily determined and with a fair degree of exactness, and here is where modern investigation enters into our subject. Manifestly not the amount of food swallowed, but *metabolized* by the body in its maintenance and work, is the amount really required. As the products of this metabolism are eliminated practically by two channels and in measurable form, their amounts are readily determined as follows, without giving technique.

Classes 1 and 2, metabolized, produce CO_2 which is eliminated almost entirely by the lungs; while the end product of protein metabolism passes out via the kidneys as urea and allied N. bodies.

Measuring these with the body in a state of nutritive equilibrium, gives us definite data as to the body requirements and this measurement shows us the Dietetic Trend. Five ration tables before me vary in the proportion of N. to C., but a fair average put them in proportion as 1:15 or 15-20 gr. of the former to 225-300 of the latter per day. As my paper concerns especially *Protein* metabolism and elimination, it only will be considered here.

If more than the required amount of protein be ingested, manifestly one of two things must happen: Either it will be digested or absorbed, or pass the alimentary gauntlet of digestants only to be voided in the faeces at last. If the first be its fate, it must be metabolized in the tissues, not because needed by them, or to be reserved by them, but that it may be *eliminated.* For be it remembered that there is not a N. storehouse, where as in the case of C., it may be reserved against the day of need. Being absorbed as peptone and eliminated as urea, etc., the excess imposes needless labor upon vital organs—the kidneys.

Or the alternative happens and the Proteid excess is *not* properly absorbed and the prolonged action of the trypsin carries it beyond peptone to leucin and tyrosin, which are absorbed from the sluggish mass and burden the kidneys, for thence only may these useless products escape from the body. Meanwhile the Proteid putrifaction generates the horrible gases attendant upon this excess in the intestinal tube. Either of the above conditions is a "signal for salts" q.s. to banish the offending mass from its abode.

In view of the frequency of the adage, "Prevention is better than cure," would not the same reasoning that prompts the limiting of Proteid in kidney ailments to lessen their labor, teach us to keep its ingestion within physiological limits while in health lest we contribute to their breaking down.

And it is just this logic that is now fostering the cry, "A low protein dietary," over the land. Carefully and scientifically conducted experiments with college students and U. S. troops have invariably shown that a reduction to one-third the ordinary amount of protein has resulted in a better physical and mental condition, as shown by rigid tests. This reduction was secured largely by the limiting or eliminating meat from the bill of fare. And this leads to another phase, viz., the best source of obtaining our protein. A late text on physiology says, "Inasmuch as neither animal or vegetable foods contain the food principles in proper quantities and proportions, the instinctive choice of mankind has led to a combination of the two classes of foods." This with special reference to the use of meat.

In view of the fact that a majority of the human race, including some of its most hardy and enduring branches, never taste of meat, and the further fact that thousands of meat eaters have discarded it with marked benefit to health, I would move to amend the quotation to read as follows:

"Inasmuch as the vegetable kingdom contains all the food principles in proper quantities and proportions, the depraved choice of a portion of mankind has led them to include the flesh of dead animals in their dietary."

Apropos to the above, I would refer to Vol. 26 of "Science," p. 561, where under the report of endurance tests at Brussels, it was shown that the vegetarians surpassed the carnivores from 50 to 200 per cent. Similarly Yale students in five months, reduced their protein to 1-6 and increased their endurance 90 per cent. Another test of 17 vegetarians and 25 carnivores showed an endurance of 53 per cent in favor of the former. In view of the physiological facts stated and the tests presented which could be enlarged greatly, I believe we do well to note the trend toward "A Low Protein

Diet." Personally believing the principles to be rational and physiological, and having had nineteen years of practical trial, I am free to proclaim the non-flesh regime as the dietetic ideal for the human race. Not that it will ever be accepted in theory, or adopted in practice by the nations whose depraved appetites have led them to fall from dietetic rectitude, yet I believe that the dyspeptic penitents return to digestive salvation will in most, if not in all, cases be hastened by the gastronomic grace of vegetarianism as one means to that happy end, and I further believe that the "low protein" cry, aided by the rapidly accumulating array of facts and arguments in its favor, is but a logical step toward the vegetarian's conclusion.

LEUCORRHOEA.

C. D. R. Kirk, M. D., Shuqualak, Miss.

Every doctor knows the symptoms of Leucorrhoea and except those cases of ulceration and those peculiar to young girls who have not advanced fully to adult age the disease is invariably a wrong of some organ or organs that are little concerned in fecundity. Therefore we must, to be successful in treating the ailment, look to the constitutional indications for remedies. The doctor who has learned to recognize the two conditions—excitation and atony, is very much at home in treating leucorrhoea or any other curable disease. But if he has allowed such knowledge to escape he may be quite successful in maturing large, corpulent very valuable accounts, but it is an accident if he cures the case. However, the writer is in favor of giving the M. D. all the credit for many cases that get well. I have treated cases of long standing without prescribing any local remedies except to incidentally suggest that they should "keep clean inside and out." But to treat the condition is in many cases only proving the way for more direct remedy and this remedy is almost invariably Lloyd's Specific Senecio. In fact, wherever there is a colorless mucous discharge from the uterus Senecio should be prescribed with confidence. The writer has been prescribing it with almost invariable success for many years. About one dram to the four ounces of water and given in teaspoonful doses every three hours through the day.

The first thing to do is to treat the condition, looking to the shape, color, etc., of the tongue as a guide. If the tongue is contracted the condition is one of excitation and anodynes carefully selected and combined with stimulants in

minute doses is the best treatment. The following is very good, if not the best, and it fits all cases not only leucorrhoea, but almost any disease, especially of the chronic variety that presents the contracted tongue:

Rx Pulv. Asafoetida 2⅛ grs.
Sug Nit Bismuth 2⅛ grs.
Ext of Hyoscyamus ½ gr.
Extract Nux Vomica ¼ gr.
Podophyllin 1-20 gr.
Make five grain tablets.

The dose is one after eating. If the tongue is red Hydrochloric acid should be given in pleasant sour drink—a glass before or while eating. Some cases have a violet blue tongue and should have nitric acid. The white coated contracted tongue with prominent papillae should have bichloride of mercury—one grain to the eight ounces of water or syrup—given in teaspoonful doses or just enough to act very slightly on the bowels. The writer has the above tablets made in from three to five thousand lots and prescribes them for all cases associated with a contracted tongue and as above intimated they always cure or pave the way for the otherwise specifically indicated remedy. While giving the mercury as above prescribed the tablets of asafoetida, et al., should be omitted. The reader should remember that all of the above remedies are for the cases of excitation and except the Senecio should not be given for the cases presenting the broad full tongue or the conditions of atony. The latter condition will have to be treated with stimulants, not local stimulants such as capsicum whiskey, etc., that are diffusible, but such as will stimulate the whole glandular system to action; for this purpose the following suits nearly all cases—it is best made by percolation:

Rx Hydrastis can. crush roots.
Menispermum can.
Alnus Rub aa five lbs.
Euonymus three lbs.
Podophyllin Pulv. two lbs.

The above is for ten gallons, but less will answer. The specific tinctures of Lloyds make can be used, but the writer prefers the medicine made in quantities. The above is quite a shotgun, but it must be remembered that the combination is for a specific condition and other remedies must be added as specifically indicated. For the broad, white tongue a solution of acetate of potash should be added or given separately in suitable doses. But if the tongue is less colored the iodide

of potash is the remedy. The large corpulent woman who has a full red tongue needs no medicine, but should be induced to live on a very light diet. The leucorrhoea ease or any other whose breath and discharges has an odor of spoilt beef should have chlorate of potash and Lloyd's Echafolta.

The older doctors may remember the "Resin Thompson's Medical Adviser" of the fifties. Dr. Thompson had all cases of leucorrhoea to use a pessary or bolus composed of Balsam of Copavia, Dover's powders and ground Ulums Fulva. They could be made or fashioned of various sizes with the fingers very much as a cook kneads and forms flour into biscuit. The pessaries were introduced at bed-time up to the os and remained until they were dissolved and absorbed. They were very valuable in some cases, but perhaps were greatly assisted by his internal medication which consists of his Butternut Alterative.

DIETETICS.

Q. A. R. Holton, M. D., Whittier, Cal.

Those who attended the meeting of the County Eeleetie Medical Society on September 6th were fortunate in hearing a very interesting and ably written paper on Dietetics by Dr. Fullmer. And the discussion which followed was also interesting, almost every one present taking some part in it. The main argument of the Doctor's paper was in favor of a low protein diet and that of vegetble rather than animal food. This is undoubtedly the trend of the latest scientific investigation verified by experiments and endurance tests among various classes of athletes, including college and army men. This new idea is not new, but very old, having been taught and practieed by many of the wisest and best in almost all ages and countries. The Greeks in their early history were an abstemeous people and developed the hardiest race of men the world has ever known. They also touched the highest mark in intellectuality mankind has ever reached. Among the advocates of vegetarianism in ancient times were Pythagoras, Plato, Socrates, Seneca, Plutarch and many others, including some of the most noted early Christian writers, Tertullian, Clemente, Chrysostom, etc. However reasonable and convincing the arguments and tests along this line seem, in the course of our practice among all sorts of morbid conditions it is often hard to make the application work out satisfactory.

A patient of mine, a woman of 35 years, had been unable to retain any food for two weeks. Everything nauseated her

and eame up. I had exhausted my resourees of medicine and food without avail. The patient was getting very weak, the heart especially seemed about to fail and she was rapidly drifting down with the end apparently not far off. At last I thought of scraped lean beef. I had some prepared, broiled for a minute or two on a hot griddle. She sueked the juice and retained it. She was kept on that diet alone for two weeks, making steady improvement. Other kinds of food was earefully added as she improved, but she stuek to the lean beef as the main stay for many weeks and made a good reeovery. That was ten years ago and she is still well.

A gentleman 83 years old, a lifetime vietim to indigestion and eonstipation, was taken siek. I found him in a stupor, nothing more than a grunt eould be gotten out of him. For three days he took no food, did not speak, seemed semieonseious when vigorously shaken, bowels obstinately constipated, took nothing in his mouth. On the third or fourth day when I went into his room I saw no ehange and sat down to think. Presently he rolled his head towards me, opened his eyes and said, "what day is this?" I said, "it is Friday—Christmas day, what would you like?" "I want some beer." He was not a drinking man and I was a little amused that the old fellow should want to go on a Christmas spree, Prohibitionist as I am. I lost no time in getting the beer and he used several bottles in the next few days in small drams, taking nothing else. Gradually his relish for beer faded out and normal appetite returned and he lived several years. The malt was evidently the thing he needed and the mysterious intelligence of the nerve centers, probably the solar plexus, made the wants of the ease known through its eonneetion with the brain. Certainly there was no visible sign to indieate the remedy that could be read by any body unless possibly a brewer.

This psyehie monitor, the normal appetite, is the best guide as to what one should eat, but when the appetite is perverted and abnormal it sends out unreliable and misleading signs.

A middle aged man had a severe eolitis with grave symptoms, no appetite exeept for buttermilk which in my youthful experienee I forbade. While I was siek a eouple of days he was attended by an old "Doek" farmer nearby who had been out of eollege (if indeed he was ever in) long enough to learn some eommon sense at the bedside. He let the man have freely of buttermilk. Immediate and rapid reeovery followed.

A few months ago I was called to treat a man of 82. Chills, irregularly every two to six days, heavy white coat on the tongue, obstinate constipation, dizziness and prostration. History of malaria acquired in the Civil War. Quinine stopped the chills but did little good otherwise and jaundice developed. He was put on buttermilk diet, using a quart a day which he relished very much. He took other food also much to his detriment, I believe, for he ate it more from habit and because he had a notion that buttermilk would not keep up his strength and because he really relished it. The psychic monitor called for buttermilk which was duly furnished. But that egotistical old tyrant "reason" who occupies the upper story, sent down a lot of other stuff which was not needed and could not be used. But by means of various physics it was kept moving and got out of the way before it had time to do much mischief. In a few weeks the obstruction gave way. Jaundice disappeared, the bowels moved without physic and the old man is able to be out about his business with a skin clear as a baby's. But he still relishes buttermilk and uses it.

Another very severe case of jaundice in a woman of fifty who could retain nothing on her stomach, not even water. Buttermilk was ordered and this she relished and retained. And for two weeks nothing else went down her throat. She made a rapid recovery with no other medicine or food.

It has been my custom since the early years of practice to allow my fever and pneumonia patients to choose their food. And I have never had any bad results. Except in extreme cases food should never be urged on patients against their inclination. In this connection the story of the young M. D.s first typhoid cases is apropos. His first patient, a Dutchman, developed an appetite for sauer kraut, and while the nurse slept he crawled to the kraut barrel and ate his fill. The doctor was sent for in great haste, but the mischief was done, the man began to improve at once and got well. The doctor wrote in his case book, "sauer kraut will cure typhoid." His next typhoid case was an Englishman. Remembering his other case he ordered the nurse to feed the patient a dish of kraut. The Englishman protested he could not eat it. The doctor insisted he would die if he did not, saying it was a sure cure. So he ate it and the next day the doctor found his patient dead. He went home, took out his case book and made another entry which ran as follows: "Sauer kraut will cure a Dutchman of typhoid, but it will kill an Englishman." Many doctors' conclusions as to diet are about on this level.

Here is a man rotund, florid with a big stomach and birkshire jaws, and one feels like inquiring, "Upon what meat doth this Caesar feed that he has grown so great." Ah! he says, I eat plenty of solid substantial food. I don't eat trash. Why, acid fruit will knock me out every time. And vegetables are not much better. But, beefsteak or roast agrees with me well. Well, he has hyperpepsia and his stomach cannot digest anything so well as meat. But that is evidence of an abnormal condition brought on usually by over eating, hasty eating, condiments and other gastronomic sins. Is he as strong as he looks? Put him to the test on the athletic field. He is soon out of wind. Even a brisk walk of a few miles is not enjoyed or even endured in most cases. Watch him after he passes fifty years. His stomach grows bigger and his muscles flabbier. He is getting rheumatic, his heart bothers him and he is easily winded. The pulse pounds and the artery feels like a hard cord. His vessels are getting sclerotic. The berkshire jaws are flabby and are beginning to blanch. A little puffiness below the eyes mornings, the same in the feet evenings. No need to go further with the picture. The liver or the kidneys or both most likely are failing and apoplexy, heart failure or some kindred final is only a question of time. The man who cannot digest anything well but meat should look to his stomach. A man well born should be able to do efficient work until he is sixty, seventy and many even eighty years, Osler to the contrary notwithstanding. But he will rarely attain a happy, clear-minded, vigorous old age if his stomach is not capable of digesting almost any simple, healthful food.

SEPIA SUCCUS.

John Fearn, M. D., Oakland, Cal.

This remedy is obtained from the inky juice of the cuttle fish. It was introduced by Hahneman, and yet there is proof that it was used long before Hahneman's day. Hughes quoting from Teste tells us: "They used to make broths of the molusc and give it to patients suffering from the same diseases for which it is prescribed so successfully today." Like many other good things it fell into disuse. And it remained for Hahneman to bring it back to use.

I have long had this remedy under observation and have been surprised we see so little about it in eclectic writings though it is true Scudder Webster and Goss Have

good words for it. As a general proposition it may be said that a very prominent field for the use of sepia is in those cases where we have to combat venous congestion. And though it has been largely used in diseases of women it is just as good in diseases of men. BURT says in reference to crude doses "This remedy operates specially on the portal circulation and causing an overflow of the vascular system, MAKING A PLETHORA VENOSA." My own studies with the drug lead me to the conclusion: That this vascular congestion, wherever we find it is the cause of most of the ailments that can be healed by sepia.

I am not satisfied with knowing a medicine will heal a certain ailment; I want to know if possible how it heals them.

And here let us look for light. I cannot think that the ills for which this remedy is curative are always caused by portal congestion. For instance in ills of the lower bowels and pelvic cavity, the local congestion may be caused by abdominal plethora. In studying the therapeutics of this remedy, let us begin with the skin. What are the specific conditions calling for this remedy in skin diseases? Answer: the skin is anaemic and has a waxy, yellow appearance, there are chloasma, eczema, vesicular eruptions, with itching and afterward desquamation of the cuticle; these eruptions are very troublesome about the lips, rectum and privates. Now according to my reasoning, these troubles are the result of venous congestion; this congestion interferes with arterial circulation, hence we have a lack of nutrition in the skin and the troubles enumerated result; here sepia is curative. Severe headaches, long continued, the patient is dull and stupid, there is a tendency to hysteria, with the same condition of skin: sepia is a good remedy.

In stomach troubles there is bad taste in the mouth, rancid eructations. digestion is slow, appetite usually poor, empty, gone feeling in the stomach, often this feeling is not relieved by taking food.

In liver troubles we have subacute and chronic hepatitis, fullness in the hepatic region; the hepatic function is poorly performed. Here use sepia.

The bowels are usually constipated, they are bloated and distended. The haemorrhoidal veins are over distended. We have piles protruding dark in color, there is heat and swelling in the rectum, and anus, the bowels are often prolapsed. The discharges from the bowels are of vile odor. This is a picture of local venous congestion, and in this case sepia is a prime remedy.

Kidneys and Bladder. There is diminished flow of urine, specific gravity increased, increase in the amounts of urates, urine fetid, it deposits a sediment in the vessel of a grayish color which is hard to remove from the vessel, there may be a teasing tenesmus, making it hard to hold the urine and and yet there is a lack of expulsive power. Here sepia is good.

In the ovaries this venous congestion tends to atony torpor, and scanty menstruation. It is a frequent cause of amenorrhoea and sterility. Few of these cases but what have the skin troubles calling for sepia.

On the uterus sepia has great influence. Where we have this congestion, we almost always find leucorrhoea, the discharge may be thick or thin, it may be green, but there is always the bad odor. Great claims are made by those who have used this remedy the most extensively, to its ability to overcome prolapsus and displacements of the uterus. Hughes tells that one of the early users of this remedy, Dr. Jackson, was suffering from prolapsus, and she says she felt the remedy lifting the organ into its place. She also proved its worth in the cure of both anti and retroversions. These statements have been laughed at as being extravagent and far from the truth. Let me here state I have not used this remedy in such cases. But let us look at it in the light of reason, when the uterus is engorged and heavy with venous blood any remedy that will relieve it of its load and bring about normal conditions, would certainly put nature in the way to help this organ to its natural place in the pelvic cavity, therefore I do not laugh. Some physicians declare they have removed hydramnia by this remedy and to me it seems feasible. Much more might be said about this good remedy. But in conclusion let me say: There are, I believe, certain specific conditions calling for this remedy in sickness and wherever we get those conditions, if we use this remedy wisely we shall meet with success. First, in most cases calling for sepia we shall find the yellow, waxy skin; in many cases chloasma and eczema, the result of impaired nutrition of the skin.

Second, there is dullness and depression of the mind, much like the case for which we give pulsatilla; there is in the most of these cases cerebral venous congestion as the base of the trouble.

Third, there is almost always bad odor with the discharges from the body. These discharges may be from the ears, the throat, the bowels, the bladder, the vagina, the uterus, the skin, the axilla, the feet. Why this bad odor? Answer: cir-

culation is imperfect, and in many cases we get stagnation, and stagnation leads to putrefaction. I use from three to five grain doses of the 3 x trituration three or four times a day. the homeopaths use the higher potencies.

AN ARCHEOLOGICAL EXPEDITION.

J. A. Munk, M. D., Los Angeles, California.

I left Los Angeles, August eighteenth, for Santa Fe, New Mexico, on a combined business and pleasure trip. I went with Dr. Charles F. Lummis, the noted scientist and writer, who was due there on the twentieth to attend the annual meeting of the Board of Managers of the Museum of New Mexico and the School of American Archeology. After the meeting we made a weeks camping trip with Dr. Edgar L. Hewett, Director of the School, to the Rito de los Frijoles, a famous site of ancient ruins, which are now being excavated.

Next to Bandelier Dr. Lummis knows more of the history, ethnology and archeology of the Southwest than any other living man. He has spent many years in exploring that country and has studied the people in detail by living in the homes of the natives and becoming familiar with their language, manners and customs. He has more than a national reputation, is well known as a scientist in several branches, is a fluent linguist and maker of many good books. He is the organizer and secretary of the Landmarks Club, for the preservation of the Mission buildings of California; the Sequoia League, for making better Indians; the Southwest Society of the Archeological Institute of America and the Southwest Museum; and, jointly with Dr. Hewett, founder of the School of American Archeology. The existence and success of these various enterprises are due to his initiative and energy and would languish if they failed to receive his fostering care.

Santa Fe is one of the three oldest cities in the United States and a place of great historic interest. It was a pueblo when the Spaniards first found it nearly four hundred years ago and has been an important center of population and traffic ever since. Long before gold was discovered in California it was the trading post for trappers and Indians and a stopping place for travelers and settlers who had the courage and daring to venture that far into the then unexplored wilderness of the Far West. Considerable commerce was thus developed between the "States" and Mexico which was very remunerative and marked Santa Fe as a commercial center for all time.

The town of Santa Fe is beautifully situated near a range

of mountains of the same name, stands at an elevation of 7,000 feet above the sea level and has charming scenery and climate. The Governor's Palace, built in 1590, is a thick-walled adobe structure that has been the home of governors for centuries and is the oldest seat of continuous government in the United States. The building faces the Plaza on the north and is practically the same as when first erected. It has recently been repaired and dedicated to science. It affords a suitable and commodious home for the Historical Society and Museum of New Mexico and the school of American Archeology. The School and Museum were tendered a reception by the citizens on the twentieth which was largely attended. An annual appropriation is made by the Legislature for its support and, although not as far advanced, perhaps, in civilization as some of the older states, New Mexico has set them a worthy example to follow in similar work.

My only previous visit to Santa Fe was in 1886, when I went there with an excursion party from Topeka, Kansas, over the Santa Fe railroad. Then, as now, it attracted attention by its Mexican characteristics and quaintness. nearly everything is Mexican and the town may yet be said to be conservative and slow; but it has one thing that no other town has, namely, a Woman's Board of Trade, which does not merely exist in name but actually does things. It has erected and furnished a handsome Library building, looks after securing business chances for the city, assists in the work of the Museum, has put in perfect order a once dilapidated cemetery, which had failed under male management, has charge of the charitable work of the city and is helpful in many other ways.

In the vicinity of Santa Fe and, indeed, all over the Southwest are found innumerable cave, cliff and pueblo ruins. Heretofore attention was only given to the study of classical or foriegn archeology, while American archeology was entirely neglected. Dr. Hewett was the first man to undertake the work of investigating our own ruins in a systematic manner and the school of American Archeology was opened for this purpose. The field that was selected for beginning the work was in the Pajarito Park near the ancient city of Santa Fe. The Park is an irregular, broken plateau many miles in extent and covered with a scattering forest of pine and cedar. Its geological formation for 500 feet deep consists of volcanic tufa, which is a friable rock that is soft like chalk. but is of a much coarser grain. Where the plateau ends, or canyons have formed in the deposit, great cliffs stand exposed to the weather. Weathering has hardened the outside rock but the inside remains soft. Into

this soft rock the cliff dwellers delved with their stone implements and carved out comfortable houses for themselves. Some consist of but a single room, but there are also many houses that have several rooms of different sizes en suite. They afford clean and comfortable quarters, are dry and cool and perfectly protected from wind and rain. The only disadvantage found is their difficult access over steep and dangerous trails, which trifle did not seem to trouble the cliff dwellers. The cliffs in places are honeycombed with these dwellings and must have formed living colonies of considerable size. Some houses are buried in the talus but many others remain much the same as when they were made and extend half way up the cliff. One large cavern two-hundred feet above the talus contains a large kiva in an almost perfect state of preservation that was once used for ceremonial purposes and is called the Ceremonial Cave. It was inaccessible from every direction when found, but is now reached by a made trail of successive stone stairs and wooden ladders, which in some places is so steep that it seems to lean outward and even yet makes a dizzy and difficult climb that starts shivers of fear in the uninitiated. Many ruins of communal houses are found far from the cliffs on top of the plateau as well as in the valley below. They have a recorded history of four hundred years, and how much older they are it is even impossible to guess; but it is the mission of the School of American Archeology to solve the riddle.

Work was begun last year at Pu-Ye, an extensive ruin on top of the mesa where many valuable discoveries were made. This year work was started in the canyon Rito de los Frijoles (Little River of the Beans). This is one of the most interesting canyons in the entire Southwest and is the scene of Bandeliers wonderful story of "The Delight Makers," which is a description of cliff dwelling life. It is a box canyon inclosed by high perpendicular walls of rock whose only means of entrance or exit is by a steep foot trail over which everything taken either in or out has to be carried by hand. It has a brook of running water, a variety of trees and other vegetation and much wild beauty. Our garden flower, the gaillardia, here grows wild and mingles in about equal proportion with a small native species of sun flower, both plants at the time of our visit being in full bloom. All of the open spaces in the little valley were covered with millions of these yellow flowers which formed a bright contrast to the rich green of their arboreal surroundings. Some familiar birds were also seen and both the flicker and robin seemed to have their home

in this delightful spot; but the song of the robin here is not as rich nor is its color as bright as they are in the robin redbreast of the East. Here in this remote corner of the country the ubiquitous English sparrow has not yet found its way, although it is already at home in nearly every portion of the United States. Los Angeles and Southern California have also thus far escaped this bird plague, but only by continual vigilance can it be kept out.

Work has been in active progress in the Rito all summer and much has been accomplished in clearing the ruins of debris. The cliff houses were already nearly all in good condition and only needed cleaning out and a few slight repairs to restore them to their original state. A large ruin of circular form near the foot of the cliff, and known by the native name of Tyuonyi, is about half uncovered. Estimated by what has already been disclosed the ruin must contain no less than two-hundred and fifty rooms. Besides the debris that has fallen from the roof and walls, the ruins have a depth of from four to five feet of rich alluvial soil. Dr. Hewett could not account for its presence unless it is a deposit of dust from the atmosphere, blown off the top of the mesa by the winds. If this theory is correct, and there seems to be no other explanation in sight, it simply means that the ruins are very old indeed, as much time would be required to bring about such a result. Many new and rare specimens have been found and placed in the Museum at Santa Fe, to be classified and catalogued at leisure. Plenty of finished glazed pottery has been found in the ruins which proves that such ancient ware does exist and that glazed pottery is not a modern art.

The School of American Archeology includes in its organization its able Director, a staff of capable instructors in the various branches of study that are included in its curriculum, a score or more of students and the required number of Indian laborers to do the digging. The summer session of the school is held in the field in order to get in touch with the real work. Thus the student gets both a theoretical and practical knowledge of the subject, which is better than learning either alone. Every related subject is included in the course of study which is systematically arranged and assigned so that each student gets a share of work and study every day. In the evening every person in the camp is invited to meet in the assembly tent and listen to a lecture delivered by a member of the faculty on some portion of the work that is then being done. It is wonderful to see the interest and enthusiasm which is manifested, every participant vieing with each other to excell in the quantity and quality of work done.

The life in the valley is primitive and simple, but is all the more interesting and enjoyable on that account. Some sleep in the open air, others in tents and not a few prefer the ancient houses in the cliffs. Here the writer took up his temporary domicile and selected a convenient house near the trail as his abode. It proved to be the house of a Cacique of the snake clan, as was evidenced by the drawing of a serpent and other insignia of that order upon the wall. It was a single room that was quite large, airy and clean. It caused a strange sensation to feel that here on the very spot again occupied, others lived, ate and slept long ages ago. Any one of an imaginative mind could easily picture the life that once existed from the environment and the few data at hand and speculate on the peculiarities of his anteeedents, who they were and what was their fate. The adjoining house contained a mummy which was left lying just as it was found. It was a spooky affair to be sure, but its presence did not seem to materialize spirits nor provoke any bad dreams.

Taking observations of the room while reclining on a rude couch I noticed that a nest of yellow wasps had taken possession of a hole in the ceiling and were busy building their little colony. I did not interfere with them and they did not molest me. Early every morning a little canyon wren paid the place a visit, flew in and out and ran over the walls and ceiling trilling its musical notes and peering curiously into every nook and corner. After an inspection of some minutes it gave a few parting chirps and swiftly flew away.

Every day that we were in the canyon had its pleasant surprise, but the climax of a week of intense interest was reached in the illumination of the cliffs on Saturday night. Soon after dark bonfires were started at intervals along the cliff for fully a half mile and burning candles were placed in many of the cliff houses, lighting up the whole face of the cliff. It gave the appearance of a mammoth stage setting with the footlights and scenery all complete and ready for the play to begin. The stage was the open court of the resurrected city of Tyuonyi, just in front of the illuminated cliff, which had the added light of an immense bonfire to intensify the general effect and the play began. Fifteen Pueblo Indians employed in the excavating work gave several Indian dances in a thrilling manner to an audience of about fifty white folks, visitors and school attaches, who found seats on the broken walls of the ruin. The scene was weirdly strange and impressive and different from anything that had ever happened. The performance

was highly entertaining and received frequent and hearty applause. It was the event of a lifetime and an experience never to be forgotten.

"Whatever will make a well man sick will make a sick man sicker."

Ovid S. Laws, M. D., Los Angeles, Cal.

I think these are the exact words of a published statement by our Dr. Cooper of Cleves, Ohio, as an axiom. Suppose we look into it a bit. It strikes one as too indefinite to sanction as an axiom.

If he had said whatever will make a well man sick will make the same man sicker, it would sound less objectionable. But if he means that whatever will make one well man sick will make another sick man sicker who is sick from a different cause, then we can clearly dissent, and give abundant illustration to sustain us.

Twenty drops of veratrum viride, as a single dose, will make a well man sick, yet every doctor of forty years' experience has seen cases that heroic dose would be not only tolerated, but beneficial. There is nothing in the axiom limiting the dose of anything but simply "whatever." We are thus left free to prescribe the proper dose.

Any number of simliar examples can be thought of, hence, as an axiom, it is incomplete and fails to give satisfaction.

THOMPSON'S NO. 6.

One of our subscribers has inquired for the formula for "Thompson's No. 6." We have received many replies and take pleasure in publishing a few. Others received were exact duplicates of these:

On page 260, September Journal, I see there is a request for the formula of Compound Tincture of Myrrh, also known as No. 6. It is:

Rx, one gallon.

Powdered myrrh, one pound.

Powdered cayenne pepper, one ounce.

M.—Let stand twenty days, shake well twice each day then pour off the clear liquid and it is ready for use.

J. A. BURNETT, M. D.

Dear Dr.

I was much surprised to find on page 260, September Journal, your confession that you could not find the formula

for Compound Tincture of Myrrh and capsicum, or No. 6, as we used to know it. There are a number of ways of making this good old remedy. As good a one as you need can be found on page 1975 of that valuable work, Kings' American Dispensatory, by Felter & Lloyd.

℞ Myrrh in fine powder, ℥viii.
Capsicum in fine powder, ℥ii.

Make one gallon of tincture by maceration as explained in the dispensatory.

I can hardly see how a good, all-round eclectic can get along without King's Dispensatory.

JOHN FEARN, M. D.

NO. 6.

Dr. Samuel Thompson used many botanical combinations in his treatment of the sick, which he designated by numbers. My father had his book and prepared many of them and used them when needed at home and among his neighbors. The most noted one in my memory was No. 6. The ingredients were Cayenne, Myrrh, Cypripedium and Lobelia. His process of making it up was by grinding the drugs in an iron mortar and covering with whiskey or brandy. But I find in Hill's Eclectic Surgery where it is made by combining the tinctures of the articles as follows:

Tinct. of Cayenne, one pint.
Tinct. of Myrrh, one pint.
Tinct. of Cypripedium, one pint.

Pure Lobelia seed, four ounces—"mix and shake up well when you go to use it," says Dr. Hill. Thus I think I have given you the original and famous old antispasmodic No. 6.

OVID S. LAWS.

Dear Doctor:

I send you formula of Comp. Tinct. of Myrrh as given on page 1232, American Dispensatory, by King. This I am sure is what you want, although I do not know how Dr. Bennett gets the No. 6.

Preparation: Take of Myrrh, in rather fine powder, eight ounces; capsicum, in fine powder, two ounces; alcohol, one gallon, or a sufficient quantity. Form into a tincture by maceration or displacement.

Properties and uses: This preparation, frequently termed hot drops from its resemblance to a compound of similar composition formerly in use, is rarely employed internally. Occasionally, however, it is used in cases of nausea, gastric dis-

tresses, especially after a hearty meal, fatulency, etc. In doses of half a fluid drachm in sweetened water. Its internal employment is contra-indicated when inflammation is present. Its pricipal use is externally, when it proves an excellent local application to sprains, bruises, fresh wounds, cuts, rheumatism, offensive ulcers, etc.

L. A. PERCE, M. D.

Rx. Compound Tincture of Myrrh No. 6.
African Cayenne Pepper ℥j.
Pulv. Gum Myrrh ℥iv.
Alcohol O ij—M—.
Macerate ten days, with an occasional shaking.

I. V. COLE, M. D.,
Seattle, Wash.

Who is so tuneful in his Bunk?
Whose head is such a mighty Chunk?
Who only Drinks what should be Drunk?
Who tells the ladies cheerful Junk?
Who'd share with us his latest Plunk?
Who jollies us when we feel Punk?
Who sunk till the Coyotes Slunk?
Whose eyes 'neath mighty brows are Sunk?
Who thinks as Shakespere might have Thunk?
Who has the most capacious Trunk?
Who winks whenever Quimu Wunk?
Why—

MUNK!

From the Rito de los Frijoles Gaeztte, August 27th, 1910, published at the field meeting of the Regent of the Museum of New Mexico and the School of American Archaeology.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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GROSS DRUGS VS. ACTIVE PRINCIPLES.

While not posing as an authority on the action of drugs, still the cummulative effect of several years of experience leads us to believe that we know something of our own knowledge, and this is not stating that our original knowledge is necessarily, or even probably, new. We are only speaking of our personal experience with the action of drugs.

Recently we have noticed in Eclectic literature an effort to increase the size of the dose of many of our drugs, and it is our belief that this effort will do much harm unless more explicitly safe-guarded. The argument is made that Specific Medication is based upon Homoeopathic principles, but the correlated fact that Specific Diagnosis has a like parentage, is for the moment forgotten. It is undoubtedly true that many specific medicines can be given in larger doses than those indicated by Scudder and with advantage to the patient. But it is our experience that they then must be used for an entirely different set of indications. For instance we usually use Specific Gelsemium in one-half minimum doses, though we have given, upon occasion, as much as thirty-minimum doses. But in the latter instance we did not have the specific indications, and gave it for a different purpose altogether.

Many of our drugs have this double action, and the beginner in practice must be very careful that he does not become confused.

In talking with our colleagues, we have frequently heard a good remedy condemned because it was given in allopathic doses for specific indications.

Along the same line we frequently see an alkaloid prescribed when the indications are present for the entire drug.

There are indications for Opium which cannot be met by any one or a combination of all of its various alkaloids, and likewise each one of these alkaloids has its own especial field of usefulness. In this connection we have just read an editorial in the New York Medical Journal, and we take pleasure in appending the same verbatim,—not that we approve of every word, but just to show our readers that a few allopaths in high places have not lost their mental equilibrium, and that they make bold to dissent from the serum craze.

Gross Drugs versus Active Principles.

Increasing attention is being paid by pharmacologists to the cultivation of medicinal plants, and evidences of this are to be found in current literature. Not long ago attention was called in these columns to the observations of Professor Tschirch, of Berne. In his presidential address to the British Pharmaceutical Conference, Francis Ransom, F. C. S., calls attention anew to the value of the complex constituents of medicinal plants as contrasted with one or other of their active principles. Tschirch, it will be recalled, spoke of the peculiar action of the drug rhubarb as a whole. The chemical experts have tracked its therapeutic activity to its oxymethylanthroquinone constituent, the active laxative principle of a related group of drugs, including aloes, cascara sagrada, and senna, but it has been definitely determined that rhubarb is dependent for its value on more than this single constituent, the best results being often obtained by administering the whole drug. The same is true of cinchona, ipecac, and nux vomica, as is pointed out by Mr. Ransom.

The tendency to resort to the use of active principles alone ought not to be carried to excess. In nux vomica, given as a tincture or as a fluid extract, we get the combined value of brucine and strychnine, and in ipecac there are two alkaloidal constituents, one of which is an emetic and the other more of an expectorant. Emetine is the best expectorant, though it is an emetic in large doses, while cephaline, the other active constituent of ipecac, is credited with more powerful emetic

properties, and it seems that a simple extract of the drug combining these two alkaloidal constituents, and perhaps others, would be the more desirable preparation to prescribe in cases where ipecac is indicated.

In our own country Professor Kraemer, of the Philadelphia College of Pharmacy, has done good work in calling attention to the varying influences of soil, climate, and surroundings on the propagation of medicinal plants, and, as has already been remarked, more and more attention is being paid to this important subject by the pharmacologists in all parts of the world. The experiments conducted in New Jersey by the pharmacologists of the firm of Johnson & Johnson, looking to the production of superior species of belladonna, are well known. Raising the plant from the seed, and comparing the alkaloidal contents of one species with another, including the Japanese variety of scopola, they have arrived at interesting results which promise to throw considerable light on our knowledge of the secretion of alkaloidal bodies in plants.

President Ransom, whose herb farms at Hitchin, near London, are deservedly famous for their crops of digitalis, henbane, and belladonna, speaks with authority on the subject of medicinal plant cultivation, and his opinion should go far to sustain the words of those other eminent pharmacologists who have insisted on the necessity of the application of scientific principles in the cultivation of medicinal herbs.

The time is yet far distant when we can depend upon active principles alone for the curative treatment of disease. The complex of constituents represented by the whole drug substance or a tincture or extract of it cannot be dispensed with, however much we may consider the valuable therapeutical effects following the administration of such chemical bodies as phenolphthalein and its congeners, oxymethylanthroquinone, etc. This latter day tendency to administer attenuated doses of the alkaloids and alkaloidal principles, glucosides, etc., is in a measure to be deplored. It is important, of course, to employ definiteness of dose with the sure knowledge of effect, but, at the risk of being classed among the empiricists, we must confess to a feeling in favor of administering the whole drug, either in the form of powder, extract or tincture. The chemists with all their skill have never yet succeeded in isolating the true active principles of digitalis, nor have they been any more successful with ergot, and the family physician of the olden days who carried his whole ergot about with him in his medicine case got better results as a rule than the physician of to-day, who perhaps employs ergotine hypodermically

or uses ergot in some more concentrated form than the "tea" of the country physician.

The lesson of it all is that physicians should take up different methods, giving less attention to laboratory teaching and more to bedside instruction than they do nowadays. It is a common subject of remark that the medical student of to-day is deficient in the art of formulating a magistral prescription, and if more clinical work was insisted upon and less didactic teaching followed, better therapeutic results would be seen and more of that devotion to the patient and the work of his rehabilitation that characterized the physician of a former generation.—Ed. N. Y. Med. Jour.

"LIBERAL" JOURNALS.

I have no quarrel with the man who expresses his honest thought, although I may lambast the principles he advocates unmercifully. I have no quarrel with the man who fights in the open according to all the rules of the game; but for the fellow who straddles—the mugwump—I have a profound contempt. These so-called liberal journals are either hybrid or hermaphrodite. They are either an abortion due to interruption of natural law, a monstrosity, neither male nor female, yet taking on the attributes of both, while in fact they are really asexual; or they represent the product of the union of two distinct species in the form of that long-eared creature known as the mule. Such, in my opinion, are the so-called liberal journals.

I believe this genus journal has done, and is doing, more to corrupt principle than any other agent. Advocating liberality, it is really the most illiberal, yet by its appearance of breadth it attracts the fellow who is weak in principle and who really needs the support of teaching from those who stand squarely on both feet on questions of principle, rather than from those whose crotch fits snugly over the fence rail while their legs dangle on either side with their toes barely touching the ground.

I clip this from one of our so-called liberals—the Medical Council. After lauding Senator Owen and his bill to establish governmental and paternal medicine, the editor says: "It will be a decided advance in our civilization when the physician can go to the family as a well-trained, well-paid public official, and can perform the services of science to his utmost limit without any thought of further personal reward." There it is—State medicine in a nut-shell. A **well-paid, well-fed public official,** dyed in the wool, old school, regular, allopathic, made-

by-law doctor forced upon the people whether they will or no. No chance for free choice, no opportunity to exercise one's own judgment, but must accept whatever the State Department of Medicine has to give. Science! By **Ebn al Ajuz,** this is going some.

This is a most damnable doctrine and strike at the very foundation of free government, free action and free will to do that which appeals to one's own judgment as being right. And this comes from a liberal (?) journal. These hybrid journals have done more to corrupt honest thought than all the hide-bound regular journals in the world, and by their insidious doctrines mislead the young and unwary.

"Out, you imposters!
Quack-salving, cheating mountebanks!—your skill
Is to make sound men sick, and sick men kill."

—Stephens, in E. M. J.

ALTERATIONS IN THE BLOOD IN INTOXICATIONS.

Consoli Nicola and Mantano Saverio say that in the infections there is an increase in the leucocytes, especially the polynucleates. The researches up to the present day in this direction have included only the infections, and not the other intoxications. There is a large group of substances of an intoxicating nature that are formed within the body and which produce similar symptoms. The authors have made experiments on these substances, producing intoxications in animals by means of them, and then making blood counts and tests. The substances thus tested are acetone, indol, phenol cresol, and one other substance ethylic alcohol. The results found are as follows: these substances produce marked chances in the blood, only acetone has a direct action on the red blood globules producing hyperglobulia; the others diminish the hemoglobin in the blood; all cause hyperleucocytosis and polynucleosis; the lymphocytes are constantly and margedly diminished; the large mononuclears and eosinophiles are also increased; acetone causes presence of medullary cells and myelocytes. These substances have a chemiotactic action on the white globules similar to that of the infective toxins; here the polynucleated neutrophiles pass out of the medulla of the bones and get into the circulation. A phase of hyperactivity of the osseous medulla is shown by the presence of medullary cells, hyloacytes, and normoblasts.—Giornale Internazionale delle Scienze Mediche.

THE TREATMENT OF CONVULSIONS.

By Henry Dwight Chapin, M. D., New York.

Convulsions in infancyor or early childhood, whatever their causes, have the same mechanism and hence call for a fairly uniform treatment. The physician, when ushered into the presence of a child in a convulsion, usually finds the room filled with terrified friends or neighbors, rushing hither and thither, perhaps aggravating the attack or even doing permanent harm by over-strenuous measures. While a convulsion is rarely fatal, it must be confessed that the sight of one is an alarming experience for the averageclayman, and the physician of knowledge and experience cannot but look upon such an attaeh with foreboding, as he not infrequently sees an ensuing damage of the brain that, although apparently slight, may have far-reaching effects. Whatever the eause, whether a reflex irriation from the gastrointestinal tract or other region of the body, or from one of the manytoxemias, the immediate indication is to bring the ehild out of the attack as quickly as possible. As the emergency requires prompt handling, it is well to have in mind some regular order that may be speedily earried out; when the attack is over, an inquiry as to the cause must be carefully made, in order to learn its significance, and, if possible, to prevent similar seizures in the future.

The following routine has long been employed by the writer:

The child is placed upon a table or upon some one's lap in such a manner that a number of measures can be simultaneously carried out. Some cracked ice is called for, placed in a handkerchief or other thin material and spread over the occiput and xertex in such a manner as rapidly to cool the brain. If ice is not available, cold compresses wrung out of water at the lowest temperature that can be procured may be employed. The feet and legs are at the same time plunged in a pail containing hot water to which one or two tablespoonfuls of mustard have been added. Caution must here be exercised, as in the eonfusion the water may be too hot. We are now treating a case of extensive burns in the Babies Wards as a result of a hot bath given before entrance. To make sure, always place the hand in water brought for this purpose before using it for a partial or complete bath. It has seemed to the writer that practically the same results can be procured by this partial bath as by complete submersion, and a simultaneous use of other measures is thus made possible.

The bowel is at once washed out, using any available

syringe, although the fountain apparatus is preferable. The ordinary rectal tip is used, as there is no special need of trying to pass a tube for this purpose. If the buttocks are elevated, the bag being held about two feet above the level of the body, and the water allowed to flow in slowly, the lower bowel can be emptied by means nearly always quickly available. In a large number of cases this is followed by the expulsion of undigested masses, and the convulsion ceases. But even if the cause is elsewhere and more deep-seatd, the washing and emptying of the bowel do good by way of revulsion, and the cleansed passage is in the besteondition for absorbing any remedies that may be injeeted.

Two drugs are practically employed by me—one of the bromides and the hydrate of chloral. Bromide of sodium or potassium is given by mouth at once. Even young infants are very tolerant of the bromides. From 3 to 5 grains may be given every ten minutes, care being taken that the solution is aetually swallowed. When profoundly convulsed, any fluid may be held in the baek of the mouth for a short time and then slowly trickle out between the lips. To avoid this, it is well to depress the tongue with a spoon when the remedy is given, so that the fluid may reach the pharyngeal muscles and thus be carried to the stomach. If the bromide is absorbed, it will usually control the convulsions, but some cases are so profoundly unconscious that it does not seem to be taken up quick enough to have the desired effect. In such cases hydrate of chloral is used by the bowel. From 3 to 5 grains of the chloral, dissolved in about half an ounce of water, is passed into the rectum, preferably by a small piston syringe. The buttocks are then held tightly together to aid retention of the fluid. This procedure will nearly always be followed by subsidence of the twitching. The same injeetion may be repeated in fifteen minutes if a distinct effect is not noted.

One will occasionally meet cases of intraetable convulsions accompanying organic disease of the brain, or from unusually severe infection of some sort, in which bromide by the mouth and chloral by the rectum do not avail. A few whiffs of chloroform may then be employed from time to time to check the excessive severity of the eonvulsion.—The Post Graduate.

INVESTIGATION OF HYPODERMIC LOBELIA.

Doetor: The most recent reports on the action of Lobelia hypodermic have brought to light some astonishing facts. Re-

sults have been obtained that no one has thought medicine would ever accomplish.

I am beginning a series of complete and thorough investigations into the full action of this remedy from a hypodermic standpoint. I want every doctor who has used it to watch every influence and write it down in a memorandum kept for that purpose, and report to me from time to time.

You, Doctor, have probably used it a few times, and will continue to use it. **I want you to give me a full report without fail.** The following influences should be closely observed.

First: its antispasmodic properties.

Second: its marvelous stimulating and regulating influence upon the circulation. Note its influence on the heart, upon the arteries, upon the capillaries and venous circulation.

Third: Its influence in antidoting toxins. It has been used in diphtheria with marvelous effect, but whether its action was that of an antispasmodic, a powerful relaxant and stimulant, or an antidate to the toxins is a question yet to be proved.

Its stimulating and restorative action upon the circulation of the brain, in sun stroke, apoplexy and asphyxia from all causes, seems to be very pronounced, in many cases more prompt and complete than strychnine, nitroglycerine, digitalis or the ammonium compounds.

Let the three definite lines mentioned above be carefully observed. At the same time neglect no other definite observation in making your report. Please continue the reports from time to time as the new facts are brought to light. Only in very rare cases, when given hypodermically, does it produce nausea, even when given in large doses of from half to one dram.

FINLEY ELLINGWOOD, M. D.

SOCIETY CALENDAR.

National Eclectic Medical Associaiation meets in Louisville, Ky., June, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. D., Los An-

geles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on September 6th at 7:30 P. M. at the College. Dr. Beard, president, presiding. The attendance was much larger than usual. The minutes of the previous meeting were read and approved.

The names of Dr. J. F. Barbrick and Dr. A. de Monco were presented, voted upon and declared unanimously elected to become members of this society.

Dr. Fullmer read a paper entitled "The Dietetic Trend," which called forth a long and interesting discussion. The discussion was closed by Dr. Fullmer.

Drs. Holton and Hubbard were appointed to read papers at the next meeting on October 4th.

Adjournment.

JAMES BEARD, Pres.

P. M. WELBOURN, Secy.

NEWS ITEMS.

Dr. F. G. de Stone has changed his address from 711 Pine street to 1336 Jackson stret, San Francisco.

Dr. G. W. Finch has changed his address to Hotel Chapman, 5th and Wall streets, Los Angeles.

Dr. W. J. Laurence spent his vacation at San Diego and Coronado last month.

Dr. J. T. Colliver, San Bernardino, spent a day in the city recently on his return from a three months' visit in San Francisco.

Dr. J. L. Gilbert orders his address of his Journal changed from Hickory, Okla., to Station A, R. R. 1, Dallas, Texas.

Dr. A. P. Baird has retired from the practice of medicine and gone to Scotland for an extended visit.

Dr. Wilson, Nevada, is making an extended visit in this city and contemplates locating in this state.

Dr. John W. Huckins, a graduate of the California Eclectic Medical College, class of 1886, died in San Francisco September 16th, 1910, aged 59 years.

Dr. Munk acquired a new title on his recent desert trip. His archeological friends now call him the Cacique.

"After visiting the Indians in their own home it is painfully evident that dirt is not as poisonous as it is often described. Clean dirt never does any harm, but dirty dirt is always nasty and sometimes dangerous."—Dr. Munk.

Al Stevenson, a cattleman of twenty-eight years experience in Arizona, but now keeper of the Petrified forest at Adamana, states that Ephedra, a desert plant recently mentioned in this journal, is a popular remedy with ranchmen and cowboys as a blood medicine and cure for kidney disease. It is commonly prepared in a decoction and served as a table drink during meals. It is mild and pleasant to the taste and is an active diuretic.

There have been some changes on the College Faculty for the coming year. Dr. James Beard will fill the chair of Practice of Medicine; Dr. O. C. Welbourn takes Physical Diagnosis; Dr. S. A. Sanger will teach Physiology.

Married: At the home of the bride's parents, Mr. and Mrs. James S. Baird, their daughter, Garnett, to Dr. Thomas C. Young, September 14, 1910, Winterset, Iowa. Dr. and Mrs. Young will be at home after November 1st at 474 South Adams street, Glendale, Cal.

ITEMS FROM WASHINGON.

Dr. M. W. Harvison and Dr. D. B. Harvison graduates of Bennett, have a hospital at Palouse, Washington, and one at Bovil, Idaho, forty-seven miles east of the former place, at the terminus of the W. I. & M. R. R., in the great white pine belt, where there are large lumbering operations. Dr. D. B. has charge at Palouse, and Dr. M. W. at the Idaho end.

Dr. J. W. Stevenson of Palouse was recently called on professional business sixty miles to the Elk River lumber country.

Dr. W. S. Dartt of Palouse spent a week's outing in the Hoodoo mining district, where he has interests, but suffered several days illness on his return.

Dr. George T. Boyd and family of Palouse were visiting

in Farmington, while the doctor attended the Whitman County Medical Society that met there.

Dr. Walter Farnham, for several years prominent in Whitman county, seems likely to receive the republican nomination for the coming legislature.

Dr. I. L. Magee of Wallace, Idaho, and formerly of eastern Washington, was visiting his former locations when he received news of the fire calamity, that struck his home town, destroying a large amount of his property.

Last year the doctor's son was attacked with tuberculosis, and they migrated to Arizona, while the doctor began an aggressive system of care and treatment. It was so successful that the young man recovered entirely. The doctor is now devoting his time to disseminating information for prevention and cure of the disease.

Dr. J. F. Whittaker, son of Dr. F. E. Whittaker, an E. M. I. alumnus, is building up a very satisfactory practice in Spokane, where he located about a year ago.

Dr. I. V. Cole of Seattle is doing some very fine radiographic work of cases that physicians are bringing him.

Dr. Frank Brooks of Seattle has some very valuable experience with electricity in chronic diseases, which would be interesting if he could find time to write it up.

HOME TREATMENT OF TUBERCULOSIS

Not every tubercular patient is able to seek the climate best suited to his condition, and it becomes necessary for him to make the best of those curative means at his command. After the physician has outlined to him a well ordered mode of living, there then arises the question of an agent that will aid in tissue reconstruction and resistance to the disease process. In choosing his therapeutic means of combatting tuberculosis, the physician takes into consideration two features —the value of the remedy chosen for the purpose and the patient's ability to continue it for a sufficient period to derive results. Quite naturally, he thinnks of cod liver oil. But generally cod liver oil products quickly prove distressing to the gastric apparatus. A striking exception is the **Cord. Ext. Ol. Morrhuae Comp.** (Hagee) Although it is just as potent a tissue builder at the crude product, it possesses added advantages in that it is palatable and this is a most important feature. It agrees with weak stomachs in a surprising manner and may be continued indefinitely without giving rise to gastric unrest.

J. WATSON WEBB, M. D.

The California Eclectic Medical Journal

Vol III NOVEMBER, 1910. No. 11

Original Contributions

J. WATSON WEBB, M.D., FOUNDER OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE.

H. T. Webster, M.D., Oakland, Cal.

The California Eclectic Medical College had its beginning as the "Oakland Eclectic Medical College." Soon after the death of Dr. Webb, its founder, the name was changed to "California Medical College (eclectic)," some bright mind conceiving that the word "eclectic," used as a common adjective, and in parenthesis, was good enough; and finally, when the college was moved to San Francisco, the Eclectic designation was dropped altogether (in opposition to the wishes of several of the faculty), and the institution became the California Medical College, pure and simple. This was supposed to be a sharp move to invite students from the dominant school, but it recalls the fable of the jackass in the lion's skin. Thus it remained until removal to Los Angeles, when its birthright was restored, and it became in name what it really was, the California Eclectic Medical College.

The Oakland Eclectic Medical College was chartered by C. C. Mason, M.D.; A. MacRae, M.D.; J. Watson Webb, M.D.; J. H. Bundy, M.D.; and M. F. Clayton, M. D. J. Watson Webb, M.D., however, was the leading spirit in this enterprise; he conceived it, stirred up the energies which inaugurated it, and devoted his best effort untiringly toward its completion, until the day of his death. He was an enthusiastic Eclectic, who adopted the cause from love of its principles, and felt that Eclectic medicine on the Pacific Coast should be represented by something more than a few isolated practitioners who had migrated from the East.

Dr. Webb's antecedents have unfortunately not been recorded in the State of his adoption. From the meager data at hand, it is probable that he was a native of Wisconsin or Minnesota, or if not, that he was moved there when a child. He enlisted in the Union army at the time of the civil war,

fought bravely for what he believed to be right, and was run down by an artillery wagon at the battle of Gettysburg, thereby receiving internal injury which ultimately, though years afterward, resulted fatally. From that time he remained in somewhat delicate health, though an indomitable energy carried him onward to active effort until the last two or three days of life. His death was sudden and unexpected, and was heralded by hemorrhage through the mouth; no autopsy was made, therefore the pathology was never known.

Immediately upon the granting of the charter, in the obtaining of which he was an active participant, Dr. Webb devoted himself to canvassing for the raising of funds for the purchase of a lot and the erection of a suitable building for college purposes. A lot on Clay Street, in Oakland, through his selection, was soon purchased, and a building begun thereon. All the time that could be spared from his professional duties was devoted to the work, and after the ground was broken for the foundation, he was much of the time on the spot, overlooking affairs, and watching progress. The building however was hardly more than enclosed before he was stricken with his final illness, and suddenly passed away.

Though the work was thus inauspiciously begun, it was now taken up by Dr. A. MacRae, a brother-in-law of Dr. Webb, who came with him to the coast and was practicing in San Francisco, and with the aid and encouragement of other Eclectic physicians in Oakland and San Francisco, a fine building was erected which would do honor to any place as a medical college; and lectures were begun in October 1879. Thus was Dr. Webb's cherished ambition fully realized, though several months after he had ceased the turmoil of life.

The first step toward this end, however, was made by Dr. Webb, and his was the actuating influence which forwarded every movement toward the accomplishment of the final triumph—the establishment of an Eclectic medical college on the Pacific Coast.

For the first few years after his army experience Dr. Webb was a commercial traveler; but he finally became imbued with a love of medical study, and the Eclectic school was his choice. He graduated in Bennett Medical College, practiced a few years in Chicago, where he married, and came to Oakland, California, in 1875, accompanied by Dr. MacRae, and both their families. Dr. MacRae was an able coadjutor in the college scheme, and being a competent surgeon, was booked for the chair of surgery. This he ably filled for one term, but un-

der the strain of the burden left by Dr. Webb in the completion of the college, and his private responsibilities in providing for his family and building up a practice, his health gave way, spinal meningitis set in, terminating in paralysis, and death ended his career in 1880, something more than a year after the demise of Dr. Webb.

Almost exactly a year after the death of Professor MacRae, Professor Bundy died, thus robbing the cause of the last of its three greatest and ablest adherents, leaving the college bereft of competent leaders and teachers. Dr. Bundy had ably taught theory and practice in the college, and for several years prior to its opening added prestige to it through original investigations in therapeutics. His name is coupled with several important remedies introduced by him, which will endure as long as medicine is known.

Dr. Webb left behind a widow and one child, a son, who is now supposed to be practicing medicine in Chicago. Dr. Webb's widow took up the study of medicine, graduated in the college her husband founded, in 1881, and became one of the leading female practitioners of Oakland. Dr. Jennie P. Webb was a worthy successor of her deceased husband. She died in Oakland in 1890, of cerebral tumor. The son, Dr. Edward L. Webb, is also an alumnus of the California Eclectic Medical College, class of 1892.

Dr. J. Watson Webb, though a practitioner of Oakland for only a brief period, exhibited rare qualities in making friends and building up a successful practice. After a lapse of more than thirty years his name is even now occasionally mentioned kindly by those who remember him as their honored family physician. Though he was never tried as a teacher, his ability as an essayist and debater has been frequently mentioned to the writer by those who associated with him in the Alameda County Eclectic Medical Society, at one time a large and active association, and the predecessor of the college. The writer came to Oakland three years and more after Dr. Webb's death, and never met him; but kind memories of him have been attested on many occasions by those who associated with him in business and professional matters, through all the years that have intervened. His remains lie in Mountain View Cemetery, at Oakland.

A PLEA TO MAKE TRANSMITTERS OF VENEREAL DISEASES RESPONSIBLE BEFORE THE LAW FOR DAMAGES TO THEIR VICTIMS.

Q. A. R. Holton, M.D., Whittier, Cal.

Read before the Los Angeles County Eclectic Medical Society

Leaving all questions as to their origin and the best treatment of venereal diseases, let us for a brief time consider the problems that confront us when we attempt to prevent them. For prevention is the chief and best work of modern medicine in all diseases. And first for a foundation for this discussion let me express my convictions that no effort will avail much so long as the present custom of concealment is maintained. The public must be educated up to a fair knowledge of their dire effects and the extent of their prevalence and the need that they be put on the same plane and standing before the law as other dangerous and contagious diseases.

On the theory that these diseases are propagated by and confined chiefly to the public prostitute and their associates, the effort to stamp them out has usually been by police regulation of this class, or by absolute prohibition of prostitution. These have signally failed, as is proven by the increase of these diseases. Periodic compulsory examination and license of those found free from these diseases has been found useless, for a certificate of good health would be valueless forty-eight hours after it was written, if indeed it was ever worth anything.

The stamping out of public prostitution, if it were possible, would not eliminate these diseases however desirable it may be from a moral standpoint. It would doubtless aid materially in diminishing their frequency. But so widespread among all classes of society have they become and so common is illicit intercourse especially among the large and growing leisure class, that any attempt to stamp out these diseases by control or prohibition of prostitutes must ever be a flat failure.

The secret prostitute is so subtle in her methods as to make it impossible for the police to know them and obtain evidence to convict them. They hide their true character, and seek admittance into respectable circles of society. They become members of clubs, benefit societies, frequent churches, dress and behave in public like other people, and in various ways keep up an outward appearance of respectability. Among these, police regulation is impossible.

Two patients of mine, brother and sister of middle age, highly respectable and honest, both syphilitic from childhood, acquired from a farm hand who lived in the family; by lack

of proper cleanliness. The sister married and gave birth to a monstrosity; since then she has been sterile; her husband died of locomotor ataxia. Multitudes of similar cases occur constantly.

The committee of the Ophthalmological Society of London state that thirty to forty per cent. of the inmates of four asylums for the blind in England owe their blindness to gonorrhea acquired at birth from their mothers. In Germany thirty per cent. of the blindness in children came from the same cause. Twenty-two per cent. of all blindness in England was found to be due to gonorrhea. No accurate knowledge of the per cent. of the population who have had gonorrhea is available under present conditions. Erb, of Heidleberg, anxious to disprove exaggerated estimates of the prevalence of gonorrhea, went over the records of over two thousand patients in his private practice, excluding all hospital patients, and found the per cent. of those who had suffered from gonorrhea to be 48.5. American authorities place the per cent. variously from eighty to as low as twenty for males and much less for women.

Gonorrhea is thus second only to measles in prevalence and in the gravity of its results almost equal to tuberculosis. When we consider that at least forty-eight or fifty per cent. of our population have had gonorrhea and that it is conservatively estimated that a large majority of surgical operations on women for abdominal and pelvic diseases are due to this cause, the magnitude of the subject looms up.

And when we consider that syphilis is the leading cause of at least eighty per cent. of the cases of general paralysis and lunacy, as well as tabes dorsalis, we are confronted by a problem that challenges our sense of duty to our fellow man and demands that the profession do something.

A committee of the Medical Society of New York after an exhaustive inquiry found that in that city not less than a quarter of a million cases of venereal diseases occurred every year. A New York dermatologist states that among the better class families he knows intimately, at least one-third of the sons have had syphilis. Yet this host of new victims of these diseases are at liberty to spread them among all classes with whom they mingle without any restraint or responsibility for the damage they do. Thousands may have their lives wrecked and be sent to untimely graves, and nobody is responsible. There is absolutely no redress for innocent trusting victims.

The freedom enjoyed in England and America in this matter is amazing. A case quoted by Dr. Isidore Dyer, of New

Orleans, in his report to the Brussels Conference in 1899 on the prevention of venereal diseases is as follows: "A woman with primary syphilis refused even charitable treatment and carried a book wherein she kept the number of men she inoculated." When he first saw her she declared the number had reached two hundred and nineteen and that she would not be treated until she had revenge on five hundred men. The most elementary rules and laws should make it possible for this woman to have obtained damage from the man who wronged her, and even to secure his conviction to a term in the penitentiary, thereby gaining the revenge she craved and conferring a benefit on society. But she is shut out from any action at law; but as a sort of compensation she is allowed to become a radiating focus of disease, the immediate and remote consequences of which can never be known. **And yet she is within her legal rights.** A community which tolerates this state of things is not only immoral but stupid. Some progress has been made in France. Suits for damages against those transmitting the disease have been successfully prosecuted in French courts. The mischievous and barbarious notions that these diseases are the result of illicit intercourse and therefore should be tolerated as a just visitation of God seems still to flourish in England and the United States with strange and fatal persistence.

If a doctor knowing of cases of smallpox, diphtheria or scarlet fever in a community should conceal the fact from the public he would be held responsible before the law. But he may know of many cases of syphilis and gonorrhea in the community and he is not only free from any obligation to let the fact be known, but he is under a powerful unwritten law to suppress the fact. No matter if it is the husband of some young and healthy woman who is soon to become the mother of other innocent victims, he is under no obligations to take any steps to shield her from her impending danger.

In the name of yet unborn millions of innocent victims let the medical profession take steps to secure the passage of laws that will hold persons responsible for damages, who transmit these diseases.

The writer is indebted to Havelock Ellis' work on "Sex in Relation to Society," for many facts and statistics contained herein.

INTRAVENOUS INFUSION OF SALT WATER.

B. R. Hubbard, M.D., Los Angeles.

To resuscitate the vitality of a patient whose life is in jeopardy from the loss of blood or the ravages of disease the intravenous infusion of normal saline solution is very frequently resorted to in surgical practice. The apparatus necessary in the execution of the infusion is simple, being composed of a glass or granite funnel holding two quarts or more, to the tip of which is fastened a piece of rubber tubing two or three feet in length and in the dependent portion a glass or metal cannula is inserted and secured with several turns of a braided silk stand. The distal end of the cannula should not be larger than the small end of a pipette that it can be easily introduced into the lumen of the basilic or other vein selected for the infusion to be executed.

Before exposing the vein through an incision an inch or more in length the arm should be scrubbed with soap and water and followed with alcohol or ether. The arm should next be tightly bound a short distance above the point of incision with a rubber band or piece of muslin. After exposing the vein it should be ligated and a short distance above the ligature an incision should be made sufficiently large to admit the end of the canuula. When all is in readiness the necessary amount of salt solution at a temperature of about 112 deg. F. should be placed in the glass funnel and a small amount allowed to run through the tube before introducing the cannula in the opening in the vein, to avoid the entrance of air into the latter.

The funnel should be held about two feet above the patient which will give force sufficient to the flow of the salt solution to cause it to readily enter the vein. Concluding the operation the cannula is withdrawn and the external wound closed over the wounded vein and secured with one or two catgut sutures. The wound in the vein is not sutured nor is it necessary to place a ligature around the vein above the opening. Over the external wound a small sterile compress should be placed and secured by several turns of a roller bandage.

Care should be exercised when introducing the cannula to not puncture the vein opposite the incision thereby permitting a quantity of the solution to escape into the loose connective tissue surrounding it. This accident may be avoided by lifting the vein out of its bed with an aneurism needle or groove director previous to opening it.

In case of emergency the solution may be quickly prepared by adding a full teaspoonful of clean common salt to a quart of boiled water in a glass or granite pitcher and kept at the

required temperature till used by placing the retainer in a pan or jar of hot wataer. When time permits a nearly perfect physiologic solution may be prepared by mixing the following ingredients:

℞ Carbonate of soda gr. xv.
Sodium chloride ʒ iss.
Boiling water fl. ʒ xxxij.

M. Use as hot as the hand can be comfortably borne in the solution. At least a half hour should be consumed in the infusion of the mixture to avoid shock to the patient.

The operation can be done without pain to the patient under cocain or novocain anesthesia.

To maintain the temperature of the solution during the seemingly long time that it takes to administer it the irrigating can containing the solution should be placed in a pan of hot water to which more may be added as the operation proceeds.

In the great haste to resuscitate a sinking patient caution should be exercised by the surgeon or others to whom the work of preparing the vitalizing fluid is entrusted that the salt be not omitted otherwise the weakening effect of the watery solution upon the vital fluids of the body will quickly terminate the life of the patient.

Another precaution that is necessary to pay special heed is the freedom of the salt solution from dirt or particles of lint. To be on the safe side it will be well, if time will permit, to strain the fluid through a piece of sterile gauze or other suitable material.

Under the vitalizing influence of hot saline infusion the flagging pulse immediately becomes stronger, the respirations less frequent and deeper, and the color of the features less ghastly.

LIFE OR DELUSIONS OF THE MODERN MATERIALIST.

By Dr. Edward P. Bailey, Long Beach.

Eclecticism represents reform and progress in the science of healing diseases, and as time passes the eclectic practitioner is proving out and adding to his armamentarium various methods of attacking disordered conditions in the human body, as they say to prolong life. This is as it should be.

It is this spirit of eclecticism, not only in practice but also in thought that we must look to, for a breaking down of the ironclad dogmas that today pervade the domain of science.

The pathologist and the physiologist define Life from their relative view points, and immediately proceed to detail

and review physical conditions and essentials which their science claims as necessary to life but of actual conditions they leave us in absolute ignorance. Any being who can give an original thought is worthy of an hearing, and it has been my pleasure to spend an amount of time, before I left Australia with such a person and the train of thoughts awakened in the grey matter of my brain as a consequence, I now pass on for your criticism and consideration. I will use much of his own language taken from my notes.

In some of our ancient fairy-tales the hero is rewarded for his generous conduct by having a wish granted him (indeed one story even makes it three wishes), the choice being entirely unlimited by the ordinary bounds of possibility, and the wish, no sooner expressed, is fulfilled on the spot. I am afraid no kind fairy with such a magnificent proposition is likely to come to the rescue of any of us poor, hard-working mortals, who manage to drag on existence in this 20th century of our era—the century of disenchantment and scepticism par excellence, but supposing a number of us (say a hundred persons of average intelligence and culture to be in the fortunate predicament of the hero of the fairy-tale, what, let me ask, would the majority be likely to choose? What, at least, would be the object most worthy of choice?

Some, it is to be feared, would wish for a vast amount of money; for the fortune of a Carnegie or Rockefeller—a most natural desire, indeed, on the part of one who has been brought up in the midst of our peculiar civilization—for does not money mean release from a hundred worries? Does it not ensure comfort, luxury, power? Cannot the man of large means practically do as he pleases? Cannot he enslave his fellow beings wholesale? Can he not add lustre to his name by buildings (as in America) another useless college in a country already overstocked with so-called "educational" institutions, and employ in this "university," at big salaries a number of idlers whose time would be more usefully and healthfully occupied behind the plough or in a lumber camp. Can he not own a mansion in Belgravia and—even if he were a veritable gorilla in appearance and character—marry the most beautiful creature that ever trod the soil of this continent? And the father of the girl he marries—let us say an intelligent country gentleman—a man who has always taken the utmost care to prevent any deterioration in the breed of his horses, sheep or cattle, who has diligently sought to improve the quality of his very hogs by introducing better blood: this worthy man will give his daughter, without a moment's hesitation, to a gorilla, and be proud of the alliance, because "HE'S GOT MONEY."

But some of our wishing candidates would not, perhaps, consider money the greatest of desirable boons, but would wish for long life; for a continuation, to the utmost possible limit, of their earthly existence; would thus ask for the very last thing a Brahmin or Buddhist would dream of desiring, who looks upon life—even under the most favorable conditions —as an evil, as a penance, as a state of suffering.

Others, of little world experience (and not over great intelligence) would desire good looks as the summum bonum of existence. This class of wishers may, perhaps, be considered the most modest: the young, the gay, the thoughtless, who still see the sky full of fiddles, who think but of the present moment, and who have not yet learned to realize what a bitter disappointment life invariably is, how much it promises, and how little it keeps.

Not a few, on the other hand, who are devoured by great ambitions, would desire fame. But what would a WISE man ask: one who has realized how little there is in the attainment of what is commonly called success; how paltry, after all, the satisfaction which springs from celebrity or renown; how utterly incompetent MONEY is in the purchasing of happiness, or even contentment; how the pleasures of the senses pall upon and weary the most insatiate:—what, I say, would a wise man, who has realized all these things, select if he were in the position here indicated?

He would ask for HIGHER ENLIGHTENMENT; would pray to be permitted to cast a glimpse behind that mysterious curtain which hides the great world-secret; would ask that the veil be taken from his eyes, which obscures what the wisdom of all ages has been vainly trying to discover; viz., the MEANING OF LIFE; the source from which we have sprung and the fate which is in store for us. He would want to know the reason not so much why life is a continual struggle; but why he should be here at all. He would ask that an end be put to this awful uncertainty; in short, he would ask for light.

"If there is anything in this world," says Schopenhauer, "that is more desirable than another, nay, so intensely desirable that even the dullest of mortals would price it beyond any other boon, it is that a gleam of light be thrown into the darkness of our existence; an explanation furnished us of this mighty riddle of LIFE, of which we realize nothing but its pain and misery."

Yet it would seem as if each individual member of the human race were so completely absorbed in some particular task, pursuit or hobby, that nobody can spare a moment to

think over the meaning of this universe and of life. One dolt has to keep a factory going, another wants to discover a new process in photography, a third is trying to ascertain the precise date of the Trojan war, a fourth studies the different species of humming-birds; in short everybody thinks of what he is going to do NOW, or in an hour, or next week, but nobody thinks or ponders over the reason why he IS here, and why he should be doing anything at all. It seems amazing how a human being, with even an ounce of brain, can be blind to the awful mystery of existence, and can look upon the world-enigma as a matter of course, so as to practically never give it a thought.

We moderns, of Aryan descent, boast of our wonderful civilization, and are thoroughly persuaded that we are not only leading the "world" in this respect at the present moment, but that there never was a time, in ancient or mediaeval history, when such culture as WE have attained existed anywhere on this planet. In some respects this is undoubtedly true. There never was time when man had advanced so far in mechanical inventions and wonderful contrivances. The ancients had no microscopes and telescopes. They had, indeed, magnifying glasses, and had made remarkable discoveries in optics, but they possessed no scientific instruments in our present day sense. They had no railroads, steamships, telegraphs, or telephones. They had no idea of the electric light, of the phonograph, the printing press, or the art of photography. They had no chronometer-watches, breech-loading rifles and sewing machines.

But then, in how far has our civilization and progress in science helped us to penetrate the darkness which obscures our origin and destiny; in how far has it added to our comprehension of the world-riddle? Do we know more than our forefathers did a hundred years ago, or even three thousand years ago, in reference to the most vital of all questions? Have we, with all the enormous mass of information which has been accumulating in our libraries during the last three hundred years, with all the vast resources of our schools of learning, our laboratories and observatories; have we, after the astounding labors of such intellectual giants as Newton, Darwin, and Herbert Spencer (not to mention a hundred others almost equally great in their field of research) advanced an inch nearer the solution of the mystery of existence, of the great puzzle of life? Alas! we have not! We are as ignorant on this all important subject as they were four thousand years ago, nay, perhaps even more so.

The present is a period of perplexity, embarassment, and

transition along the entire line of scientific and philosophical research. The fever indueed by the discovery of the great principles of evolution has subsided, and some of the most distinguished inquirers have grown weary of their microscopes and dissecting tables and have seriously begun to question themselves whether there has not been a lamentable over-estimation of the possibilities of experimental investigation in this direction. Organic life has been traced from its most complex to its simplest products, viz., from man to the protozoic amoeba, and stellar life from satellite and parent planet to solar orb and cosmic nebula. An accommodating ether has been invented in order to account for the phenomena of light, and this ether is alternately described as the most rarified and densest of substanees. It probably will prove as great an absurdity as the "phlogiston" of our early chemists.

Thought is declared a product of matter, and human thought, in particular, is attributed to molecular changes in the grey matter which lines the convolutions of the cerebrum. Matter, matter everywhere, but nowhere the ghost of a definition of what matter really IS. In the face of our vast educational resourees, the prevalent paueity of ideas is truly astounding, and it would seem as if our over-great reliance on experimental researeh were largely responsible for this. The ancients experimented less, but they certainly thought more, and to them we are entirely indebted for our sublimest conceptions. (Even the evolution hypothesis was foreshadowed with astonishing aecuracy by Lucretius in his famous ESSAY ON THE NATURE OF THINGS.) With all the facilities at our command, and the experienee of three hundred years of laboratory work behind us, we have not, philosophically, advanced an inch beyond the times of Rameses II, nay, in more than one respect our knowledge is of a deeidedly inferior type. The philosophers of antiquity were men of great mental calibre, whose knowledge was not limited to a narrow groove in Nature's vast domain, but who surveyed the entire field with eagle eyes, and followed truth for its own sake. OUR investigators are, almost without a single exeeption, specialists, who work like moles along certain furrows only, and whose very bent and training practieally preeludes them from pronouneing an opinion on anything beyond the narrow sphere of their "departments." Our learned professors in many eases follow science rarely for the sake of its inherent faseination, but they rather look upon it as a money-making business, and as a means for establishing a notoriety. I will admit knowledge of men who are following scientific investigation for the benefit of humanity, but the eases are indeed rare.

Buckle, the historian, in his well-known "History of Civilization in England," has admirably characterized the drift of modern science in the following words: "We live in that predicament that our facts have outstripped our knowledge and are now encumbering its march. The publications of our scientific institutions and of our scientific authors overflow with minute and countless details, which perplex the judgment and which no memory can retain. In vain do we demand that they should be generalized and reduced to order. Instead of that, the heap continues to swell. We want ideas and get more facts. We hear constantly of what nature is doing, but we rarely hear of what man is thinking. We are in possession of a huge and incoherent mass of observations, which have been stored up with great care, but which, until they are connected by some presiding idea, will be utterly useless."

It would be well if these lines were carefully read, marked and digested by such of the army of so-called scientists who are now engaged at our colleges in comparatively useless research. It must be obvious to all but the dullest that Western science, after more than 400 years of investigation, has not only failed to pierce the gloom which surrounds the mystery of life, but that no amount of experimental research on the lines hitherto followed will ever bring us an inch nearer the solution of the great questions: "What are we? Whence do we come? Whither do we go?" which have puzzled the wisest of mankind from the very dawn of reason. Science is, and always has been, reasoning in a circle; for instead of telling us WHY things happen in a certain way, the man of science explains HOW they happen; and instead of trying to take cognizance of the mysterious forces behind the tangible and measurable universe, Western science has always been engaged in a process of gauging, weighing and measuring that which it cannot satisfactorily explain, but guesses at or argues in a puzzling manner.

That we are surrounded by a host of unknown forces for which we have no sense-perceptions can be clearly demonstrated even on physical grounds. During the evolutionary progress of man from the forms of lower worlds, the long, wearisome pilgrimage of the ego, through countless generations, to its present high eminence—only such sense-organs have been developed as were absolutely necessary for the preservation of the species. "Nature" is very chary of her endowments. If we look around and examine any of the numberless representatives of organic life—whether a butterfly, star-fish or dromedary—we find it provided with only just those sense-organs without existence would be either impossible to

it, or of the most precarious order. There is no waste of energies in any given direction throughout the so-called physical universe, and everything is arranged on the most economic principles. Man's "five senses," along with the rest of his faculties, were evolved to enable him to obtain his food on the one hand, and protect him or warn him of dangers on the other, and it is not merely possible, but absolutely certain, that we are surrounded by a vast array of forces to which we are blind, forces which are, in the true sense, occult, because we have no direct means of perceiving them, and because they are of no immediate advantage or detriment to the race.

The following illustration will render this clear. Imagine a pendulum, suspended in a room from which all light is excluded, amidst a darkness deeper than that of Tartarus, and a silence as that of the grave. Now imagine this pendulum to be set in motion by some invisible hand and compelled to vibrate or swing to and fro with an ever increasing speed. An observer present in the room would not (for a while at least) know what was going on, because neither his sight, hearing, smell, or touch has been appealed to. But as soon as the vibrations of the pendulum have reached the rate of about thirty per second the silence is interrupted, and a very low musical sound is heard—the lowest note the human ear can grasp—lower than the deepest bass of a church organ. This sound, however, will rise in pitch in proportion as the vibration increases and will travel over the entire musical scale, until, when the speed has risen to about forty thousand undulations per second, it has reached the highest note which the human ear can grasp, and there will be silence once more.

But the motion of the pendulum goes on, and at last, after a veritable ocean of undulations has been left behind and the vibratory speed has reached the enormous figure of six billions per second, a dull red light looms from the Cimmerian darkness, the light of the red end of the spectrum. The motion now appeals to our sense of sight, and in proportion as it rises to still giddier heights the color changes into yellow, green, and blue, until, at the rate of about fifteen billions per second, the extreme violet end of the spectrum is reached, and there is darkness once more. But the motion goes on for ever.

Now between the forty thousand vibrations representing the highest sound and the six billions of the dullest LIGHT, there is an enormous gap, an ocean of wave-motions which are altogether beyond our perception but which are known to exist, for everything is continuous in nature, and there are no sudden breaks anywhere. Tyndall was one of the first to point this out, and to suggest that within this vast chasm of forces—

forces which no eye can see and no ear can perceive—we must seek for the explanation of the mysterious potentialities known as electricity and magnetism, and that existence termed life.

It is amazing to notice the blindness which still prevails, even among those who lay claim to a superior education, in reference to the clearest philosophical conceptions. Details of the most paltry and trivial order, in the line of physical research, viz., the senseless process of labeling and classifying that which ought to be explained—which is grandiloquently styled "science" petty details, are hunted after and stored up by learned pedants, with a zeal worthy of a better cause, and these trivialities are afterwards solemnly rehashed and palmed off as education upon a credulous and unsophisticated public by the hopelessly incapables who occupy the chairs of "learning" in some of our colleges. Let the reader bear in mind that the great majority of our so-called scientists are specialists; that ninety-nine out of every hundred have selected, from the vast and bewildering maze of Nature's manifestations some narrow groove, along which they work like moles, and that although they may acquire a world wide reputation in their "line," yet they are not qualified to pronounce an opinion on anything beyond their specialty. They are not scientists in the broader sense, for the true scientist must at the same time be a philosopher.

There is no lack of specialists in science, but there is a lack of philosophers; there is a lack of those who can rise beyond the level of their surroundings, a lack of those who can think. But to be able to think and philosophise one requires to be endowed with a superior mind, and nature is very chary of her endowments. It is easy enough to crowd into a poor brain a lot of facts, a mass of detailed information in reference to any given department of science. A boy with an inferior cranium may crowd into it, by dint of hard work and perseverance, an enormous amount of information, and may continue this accumulating process till his brain is a veritable encyclopaedia of heterogeneous knowledge; yet the chances are a thousand to one against his ever contributing ONE ORIGINAL IDEA towards that fund of real wisdom which is our most precious inheritance.

(To be continued)

INDICATIONS FOR GASTRO-ENTEROSTOMY.

Dr. O. C. Welbourn, Los Angeles.

Read before the Southern California Eclectic Medical Association.

Gastro-enterostomy is not a new operation, though the technic has been improved somewhat in recent years and the disagreeable after effects which formerly occasionally occurred have been eliminated. The comparative safety of the operation and the marked benefits which follow when it is used in its proper place have gained the acceptance of the profession for this method of treating chronic indigestion. In fact, there is a noticeable tendency to look upon it as a panacea. But, as it has well defined limitations, we take this opportunity to discuss quite briefly the indications for its use.

Chronic indigestion is a bugbear to the physician and a woe to humanity. It is not a disease; it is a symptom. The causes which produce this symptom are legion, and we shall not attempt to even enumerate any but the more important ones. Our specialist friend knows that diseases of the eye, ear, nose and throat are common causes, and the condition of the teeth and salivary glands must not be overlooked. Then there may be enlarged thyroid, thymus or mediastinal glands causing pressure upon the pneumogastric nerve. Pulmonary tuberculosis always causes chronic indigestion, as does most chronic heart lesions. Of the abdominal lesions we might mention floating kidney, appendicitis, gall stones and other liver affections, diseases of the pancreas and the spleen, congenital and acquired deformities, and adhesions in the stomach or its omentum to other organs or to the abdominal parietes. In regard to the pelvic organs, we shall only suggest that any lesion of any of these organs may produce a chronic indigestion. And the question of diet in all of its complexity we shall not consider at all. The above is a formidable array of causes and a diagnosis by exclusion is the only possible way of determining the cause of the disease in any particular patient, and it must not be forgotten that there frequently is more than one cause in the same patient at the same time. It seems needless to suggest that a gastro-enterostomy is not curative of any of the above causes of chronic indigestion. However, there is sometimes seen a patient with gastric ulcers, and with increasing frequency, other patients with duodenal ulcers. And many of these patients have ulcers on both sides of, as well as within the grasp, of the pyloric sphincter. Such a condition is likely to produce a pyloric spasm and the food is retained over long

within the stomach. Fermentation gases are produced, causing gastric distention.

Such a force operating for a considerable period of time produces atony of the gastric musculature and we then have chronic gastric dilatation. Eventually there is an inflammatory, possibly malignant, thickening about the pyloric orifice, which greatly diminishes its calibre. The condition now is undoubtedly strictly surgical, though many prominent men believe that it has been so from its early stages. Some years ago it was good form to reconstruct the pylorus and this is still done in a few selected cases. But the popular operation is a posterior no-loop gastro-enterostomy, which produces a fistulous opening from somewhere about the junction of the lower and middle thirds of the stomach into the upper end of the jejunum. No attention whatever is given the ulcers themselves. The operation is not very difficult to perform, and the results are excellent. Theoretically, the food passes from the stomach into the intestine through the artificial opening, though some of it may follow the old route.

Gastro-enterostomy is curative in benign pyloric obstruction, and also beneficial in malignant cases. It is also curative in simple gastro-duodenal ulcer and should be used when the usual remediable agents fail.

XANTHOXYLUM.

Specific Indications:—**Catarrhal conditions of mucous membranes, with sluggish capillary circulation, nervous depression, general atonicity; chronic dyspepsia with moist general coated tongue, hypersecretion, and flatulency.**

Xanthoxylum, commonly known as prickly ash, is a much neglected drug. In its action it somewhat combines the properties of berberine, with which Xanthoxyline is said to be identical, and atropine, because of its stimulating action on the circulation, with an added stimulant action somewhat resembling capsicum through its diffusability. Certainly it is a valuable remedy in the usual chronic gastro-intestinal case of indigestion from over-eating or the ingestion of too much fluids at meal time.

Ellingwood recommends its administration combined with hydrastis in stomach diseases. Berberis, echinacea, corydalis, nux vomica or similar drugs may be likewise advantageously employed with it.

A constant desire to take a long breath has been sug-

gested as a symptom calling for the drug, but this is possibly explainable through the poor circulation in general.

Remembering the sluggish capillary circulation, it will often be found indicated in suppressed menstruation, debilitating sequellae of fevers, rheumatism, undeveloped exanthemata and in fact wherever a general tonic action is desired. Other more definitely indicated drugs may be associated with it to accomplish quicker results. The older Eclectics employed it in cholera and it apparently gave good results. Its stimulant action is very pleasing as it spreads at once throughout the entire body. The effect of the drug in digestive disorders of a chronic nature, seems to be a control of the hypersecretion with a clearing of the coated tongue, giving to the remedy the character of an astringent, but possibly through its tonic influence, its constituent resembling berberine, giving this result.

Xanthoxylum contains beside, a volatile oil, a fixed oil, a resin and a gum. The addition to water gives a cloudy mixture.

It has always been a favorite remedy with the laity, being used in every variety of disease. Its indications explain its general usefulness. It has been classed as an eliminant, but this is explained by its general action, as it does not seem to act directly on any of the organs of excretion. Combined with phytolacca, acetate of potash or other alteratives, it has been used in the various blood and skin disorders, scrofula, etc., but much benefit from it is doubtful.

In the mouth it produces a peculiar burning and numbness, and a flow of saliva. It has been employed in neuralgic and semi-paralyzed states of this region without much reported success.

It is non-poisonous and apparently harmless and mild, though certain in its action. Ellingwood says that it may be safely trusted to carry the body through any crisis.

The dose of the specific or saturated fluid preparation is from five drops to a dram, usually two or three drams in four ounces of glycerine, syrup and water in combination. In collapse large doses may be given. The specific medicine contains a carminitive oil not found in the other preparations. The constituent Xanthoxylin is employed in doses of 1-6 gr. Nearly its whole effect may be ascribed to the improved circulation.

Tucumcari, N. M., October 1910.

W. LEMING, M.D., Secy.

A REMARKABLE PHOPHECY.

The following, which is known as "Mother Shipton's Prophecy," was first publisht in 1488, and was republisht in 1641. It will be noticed that all the events predicted, except that mentioned in the last two lines—which is still in the future, except the date—have already come to pass:

Carriages without horses shall go
And accidents fill the world with woe.
Around the world thoughts shall fly
In the twinkling of an eye.
Waters shall yet more wonders do;
Now strange, but shall be true.
The world upside down shall be,
And gold be found at root of tree.
Thru hills men shall ride,
And no horse or ass be at his side.
Under water men shall walk;
Shall ride, shall sleep, shall talk.
In the air men shall be seen,
In white, in black, in green.
Iron in the water shall float,
As easy as a wooden boat.
Gold shall be found and found
In a land that's not now known.
Fire and water shall wonders do.
England shall at last admit a Jew.
The world to an end shall come
In eighteen hundred and eighty-one.

—Pacific Med. Journal.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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EMPIRICISM WINS AGAIN.

We believe in empiricism in medicine because by such means we "do things." The remedy that will bring results with certainty is what the active practitioner wants, and he is quite willing to let the laboratory man evolve a theory. To be sure the theory offered is frequently incorrect though it may be quite generally accepted because no one has sufficient interest to verify the findings. However some one will do so and discover an error in technique or reasoning, and he will dispute the old theory and offer a new one. All of which is quite right and helps in the development of medical science. Moreover, no harm is done unless some practitioner not yet thoroughly grounded by experience should allow the destruction of a theory to shake him loose from its basic fact. It is well to always bear in mind that a medical fact is the result of combined observation of thousands of able practitioners, and that the theory which follows is the work of possibly half a dozen men who usually are not practitioners at all. The conclusions of the first group are valuable. The conclusions of the second group are only interesting.

As an illustration. All of us have seen sugar burnt in a room as a deodorizer, and we likewise have heard this time honored custom derided as a superstition by our ultrascientific friends. Now comes the Pasteur Institute, of Paris, with a report which says, that the vapor of burning sugar contains

formic aldehyde gas and that it is not only a deodorizer but an active germicide as well. The vapor from five grains of sugar in a ten litre bell jar has proved destructive both to typhoid and tubercle bacilli in half an hour. In the last decade formaline (an aqueous solution of formaldehyde gas) has come into common use and it is generally recognized by the profession as the most antiseptic of known gases. Therefore to some it is a little disconcerting to learn that this remedy which has been extolled as a recent wonderful discovery of scientific medicine, has actually been used by the laity and not a few physicians for several hundred years.

MORE BOARDS OF EXAMINERS FOR THE UNIONS.

The governing purpose of trade unionism is to increase the wages and limit the hours of labor of its members, and to compel employers of labor to hire only members of the union. To this is added the practice of discouraging the incoming of mechanics from abroad, even when such newcomers bring with them cards showing that they were members in good standing of trade unionism in the places from whence they came. A Boston Democratic politician said, when Grover Cleveland was elected President: "We want to keep the Democratic party in Massachusetts small, so that there will be fewer to divide the offices among." This remark expressed the basic principle of trade unionism.

It is a wonder that the leaders of the labor unions in Los Angeles, instead of promoting strikes, boycotting, picketing, murderous assaults on non-union men and pasting death heads on lamp posts, do not take a hint from the doctors and provide examining boards whose purpose should be apparently to examine, but really to disqualify newcomers.

A physician who had practiced medicine for thirty years in New York and was a specialist in throat and lung diseases, was, after a lengthy examination, refused admission to practice in California because he fell short by a small percentage of answering correctly questions concerning chemistry. If the doctor had attempted to practice without a license he might have been criminally prosecuted and punished by imprisonment, or fine, or both. There are people who assert that the Board of Medical Examiners use their power to limit the number of doctors by discouraging the incoming of new physicians.

Why cannot the journeymen brewers, for instance, by similar proceedings, uphold and protect the power of beer bottlers to hold their jobs on their own terms, and prevent lower waged

and more peacefully inclined competitors from finding employment?

Let them invoke the initiative and bring a pressure to bear upon the politicians to enact an ordinance requiring all brewers, brewers' helpers, beer bottlers and pasters of beer labels to pass an examination before a board of examiners, the members of which shall be selected by the Beer Makers' Union. Require all applicants for employment in a brewery to pass an examination before this board, and any applicant who should fail to pass examination and obtain a license, to be subject to one hundred dollars fine, six months' imprisonment and thirty lashes on his bare back if he should be detected in pouring beer into a bottle at a brewery.

The doctors have such a law and so have the dentists. Why not the plumbers and the metal workers, the carpenters and the masons? The result might be to cause people with a toothache to go to Riverside to have their molars drawn, and people with a thirst for beer to go to San Bernardino to quench it, and people who wanted to build bungalows to do their own work, for, while a sick man cannot find an unlicensed physician to feel his pulse and look wise, or hit him a lick with a stethoscope and look sorry, he can without risking a sojourn in the County Jail dose himself to his own content, unless he requires an opiate to deaden pain, in which event he must pay a licensed doctor $5 for writing a prescription for 10 cents worth of morphine, not enough to endanger the life of a kitten.

By all means let us have beer examiners, and metal workers' examiners, who shall make all applicants pound out their qualifications on an anvil, and wood butcher examiners, who shall deny license to carpenters who saw a board unartistically, and whitewasher examiners who shall exclude from the profession all who are unable to say how many ounces of chloride of sodium, how many ounces of viscous gluten, how many pounds of oxide of calcium, and how many gallons of aqua pura will be needed to kalsomine a wall containing 627 square feet.—L. A. Times.

HOMEOPATHS WANT LAWS PROVIDING JUSTICE TO ALL.

Southern California Society in Session Here Adopts Resolutions Setting Forth Sentiment of Organization—Number of Discussions on Program.

Dr. F. S. Barnard, president-elect of the Southern California Homeopathic Medical society, introduced and read the following resolution before the society at its meeting today in

the parlors of the Westminster hotel. The resolution was adopted unanimously.

"Whereas, the dominant or allopathic school of medicine, through its minority rule, failed in the last congress to secure legislation favorable to its own advancement, largely because it was obnoxious to all other schools of practice, and,

"Whereas, the legislative act known as the 'Owen bill,' introduced at the last session of congress, represented and was endorsed only by the allopathic school of practice, and,

"Whereas, all other recognized systems of practice have long since observed by experience, that whenever said dominant school is permitted by law, or self-made health board regulations, to exercise authority, its policy has been, as far as possible, to ignore and exterminate the smaller schools and by compulsory means force its particular practice and treatment upon the profession and public. Therefore, be it

"Resolved, that the Southern California Homeopathic Medical society in its twentieth annual session, Oct. 12 and 13, 1910, and representing over 200 registered physicians, is not opposed to just and equitable laws to regulate food and drug products, or necessary sanitation, but it is unalterably opposed to federal or state compulsory laws, except such legislation be so prepared and passed as to preserve the absolute liberty and independence of the physician and citizen, also the legally established college and hospital, to teach, use or employ the system of treatment most consistent with their choice and belief, the same as kindred individual rights and privileges of all citizens are now guaranteed with respect to politics and religion; and also, to recognize the eligibility of equally efficient physicians and surgeons, though not identified with the allopathic school, to federal and state appointments where the services of the profession are required.

"Resolved, that the secretary be instructed to send a copy of these resolutions to the president and each of the senators and representatives in congress and also to members of the California state legislature.

The legislative committee for the coming year will be composed of Dr. W. E. Nichols of Pasadena, Dr. F. S. Barnard of Los Angeles and Dr. W. H. Stiles of Santa Barbara.

Homeopaths Fighting National Health Bureau.

In this address before the Southern California Homeopathic Medical society at Hotel Westminster, Dr. J. W. Hawkes, president of the society, made a strong appeal for co-operation in opposing proposed legislation dealing with the establishment of a national department or bureau of public health.

At the last session of congress such legislation was attempted

through the influence of the American Medical Association composed of over one hundred thousand allopathic physicians, and if successful would have largely enhanced the power and prestige of the allopathic school by government recognition to the exclusion of all other systems of healing. At the present time there are nearly seven thousand doctors in the employ of the United States government and it is claimed every one is an allopath. Ninety per cent. of the health boards of the various states, counties and municipalities are composed of allopaths.

It is asserted that the establishment of a bureau or department of health would further the object of the American Medical association in establishing a medical trust in the United States, and would rob the individual of his freedom in employing the medical school of his choice, be it homeopathic, osteopathic, eclectic or any of the schools of mental healing, and would therefore be a curtailing of personal privilege.

In order to successfully cope against this movement, the National League for Medical Freedom has been established with the view of conducting an educational campaign against medical legislation infringing upon individual liberty.

Says Bill Would Bind.

In his address Dr. Hawkes said:

"The ultimate result of the making of the proposed medical legislation bills into law, no matter what the wording may be, would be the binding hand and foot of all medical or other healing practice not indorsed by the American Medical Association. Care was taken in the phraseology of the proposed bills that law-makers and the laity generally could find nothing to warrant the claim that such a fear was well grounded. But we know better.

"Professor Irving Fisher's bulletin of the Committee of One Hundred, says: 'The health department would mean death to quacks. But a homeopath is to them a quack! They doubtless are honest in their belief—hence it would seem to them a bounden duty to suppress all quacks.' And if they are honest they will do their best to accomplish that end; they always have tried to suppress us as quacks.

"Already, without such legislation and without a representative in the cabinet, they are able to keep homeopathic surgeons and all others not of the miscalled 'regular' school out of the army and navy, and all other government professional positions.

"This can't be altogether accident, nor because all others are unfit.

National League Busy.

"The National League for Medical Freedom is doing and has already done wonderful work in this matter and we all, every one of us, should join this association. It costs nothing but the filling out of a blank, which the league will furnish to all who may apply, and a 2-cent stamp.

"The following from the first report of the league is worth studying and thinking about:

" 'Remember that the thousands of health boards of the states, counties and municipalities are nine-tenths allopathic.

" 'Remember that there are now nearly 7000 doctors employed by the United States government; that every one is an allopath or regular; not one is of any other school; that the examination for physicians and surgeons is allopathic; and if the adherent of any other school should by accident break in, he would be directed in allopathic methods by an allopath.

" 'Remember that while the Owen bill as introduced may not be passed, yet the interstate and foreign commerce committee of the house, composed of careful and able men, have been made to believe that perhaps legislation should enlarge the scope of the present marine hospital service so as to empower it to co-operate with states to stop epidemics and prevent the pollution of streams.

" 'Remember that constitutional interpretation is so generous at Washington today and the authority conferred under all of the health bills proposed is so vague, that any citizen is justified in fearing that a health bureau so created might assume authorities and functions unexpectedly and dangerously broad and dominating, and could do what it would.

" 'Remember that the constant experiences of the advocates of other schools of healing with the allopaths in the various states of the Union give natural rise to the fear that such a bureau of probably 10,000 national allopathic physicians, most of whom believe in the infallibility of their own school and the rights of medical compulsion, would do what it could.'

"It is no false alarm, and it is our duty, individually and collectively, to use all our influence with our national legislators, urging them and educating them so that they will work against the passage of such inquisitorial laws.

"Our great need in the furtherance of both our professional and political interests is more of the old-time faith and enthusiasm—the enthusiasm and self-sacrifice of Hahnemann and his disciples and co-workers in the old country; and of Hering, Guernsey, Lippe, Dunham and Allens and others in our own."
—L. A. Express.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20th, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. L., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Oct. 4th at the usual time and place.

Dr. Holton read a paper on "Venereal Diseases," which was thoroughly discussed. A set of resolutions were read and adopted.

Dr. Hubbard was not present, hence his paper was not read, but will be presented at the next meeting; also a paper by Dr. Barbrick will be read at that time.

Adjournment until Nov. 1.

James Beard, M.D., Pres. P. M. Welbourn, M.D., Secy.

NEWS ITEMS.

Dr. Thomas Spaulding, wife and daughter, recently came to Los Angeles to spend the winter and expect to make it their future home. They all "caught the fever" when they attended the National here three years ago and just could not stay away.

Dr. J. C. Andrews recently called on his old friend and classmate, Dr. Munk, on his way east. He has been located in Los Olivas, Cal., for many years, but owing to a stroke of paralysis was compelled to quit business. He is sufficiently recovered to travel and is going east to live with friends in Ohio.

Dr. G. W. Burleigh will move into his new office in the Pantages Theater building, No. 536 South Broadway, Room 401, on the first of November.

Several lots of valuable medical books have been contributed to the College library during the month. Drs. A. P. Baird, E. P. Bailey and G. W. Burleigh were the generous donors.

People who are selfish and live for themselves have yet to learn the important lesson that a pleasure shared is a double pleasure.

Dr. Grace Kirkland of Atlanta, Ga., is spending sometime in Southern California and expects to make Los Angeles her future home.

Dr. G. G. Southard of Denver, Colorado, is in the city looking around and paid the college a friendly visit.

The National League for Medical Freedom has opened up a branch office in Los Angeles at No. 508 Homer Laughlin Building, where it will be pleased to receive its loyal friends.

Dr. J. B. Matthews, of Blue Mound, Ill., and treasurer of the Illinois Eclectic Medical Society, is visiting friends in California and called on the College. This is his second visit and it will require but one more trip to bring him here to stay.

A consignment of nursery stock of wild plants found growing in the Beech woods of Indiana has just been received from E. L. Welbourn, of Union City, Indiana. They came in good condition and will make a valuable addition to the College Botanical Garden.

The California Eclectic Medical College has just finished putting in a new and complete pathological and bacteriological laboratory to meet the needs of its growing classes. This addition to the equipment of the College gives the institution every facility necessary for a complete, modern and up-todate medical course.

Dr. C. W. Ray of Whittier, California, was in the city a few days ago looking for a successor to his practice. He has in view a desirable location in Los Angeles and will soon be established in his new home.

READING NOTICES.

FEMALE NEUROSES.

There is scarcely a writer of prominence today who does not lay much stress upon the importance of early prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections with the view of preventing the constant development of still graver troubles as well as to relieve present suffering. In the treatment of Female Neu-

roses, a combination of Dioviburnia and Neurosine (equal parts) administered in dissertspoonful doses every three hours will prove most efficient.

PAINFUL MONTHLY PERIODS.

Many doctors prescribe a combination of Diovoburnia and Neurosine (equal parts) to abate the pain and nervousness of Dysmenorrhea. Dioviburnia acting as a reconstructor to the parts affacted, Neurosine allaying the pain, resuscitating and toning the nervous system. Physicians can prescribe Dioviburnia and Neurosine with impunity as these products contain no opium, morphine, chloral or other deleterious drugs.

DR. L. L. GRAY of St. John, Mo., reporting the outlines of a case of enuresis-nocturna, treated with sanmetto, says the case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects. She acted as though she thought every one she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company. Strangers would ask if she was entirely sane.

He gave her a bottle of sanmetto, told her mother to give her all assurance that it would cureher, if properly taken. He says a second four ounce prescription verified the truth of his statement. It did cure her, and she became a perfectly formed young lady, intelligent and sociable, the downcast countenance gone and life again worth living.

SURGICAL SUGGESTIONS.

An intractable tubercuious cystitis that is not improved by silver nitrate most probably is associated with tuberculosis of the kidney, which causes reinfaction.

Vesical is differentiaated from urethral fistula by the fact that in the former leakage is continuous or especially before urination, and in the latter leakage occurs during urinaton.

The filfiorm bougie is not used to good advantage if employed after the passage of a sound or large instrument, as splits of the mucous membrane are produced into which the filiform finds its way. It should be the first instrument employed.—American Journal of Surgery.

The California Eclectic Medical Journal

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Original Contributions

MEDICAL FREEDOM.

Ovid S. Laws, M. D., Los Angeles, California.

"The National League for Medical Freedom" is the most important "insurgent" movement of our day. It is rather late, but possibly not too late, to prevent the installment of a cabinet officer to issue "Bulls" and "Ediets" backed by the army and navy of the once "land of the free and the home of the brave."

As a foretaste of what we may expect if the cabinet scheme succeeds, I offer a couple of samples of the sort of medical science being dished out already. I got the following facts from a monthly magazine entitled "Physical Culture." In 1907 in the city of New York, Mary Malon was engaged as a cook for a wealthy family who had several other servants. Two or three of these servants got down with "typhoid fever." The doctors looked the place over, but finding no place for it in the house, turned their attention to the cook, who was a rosy-cheeked Irish girl, and the very picture of neatness. But, without any authority they hustled her off to a hospital and had her examined for typhoid germs. The report was that though she was in perfect health, she was a veritable "typhoid germ breeder." This was reported to the health board of New York City, which assumed the authority to banish her to an island in the North river with the company only of a pet dog. There she remained until 1909, over two years, when some wealthy people had her released by "Habeas Corpus" proceedings in court against the entire health department, and their dupes. It is said that every doctor in the court room "gave her a wide berth." Were they cowards or hypocrites? How is that for medical science? Typhoid germs are said to be the cause of typhoid fever, and yet a perfectly **healthy** girl is condemned as a "germ factory" and deprived of her right to liberty and the pursuit of happiness, by the mere assumption of authority. Yet this is the class of men striving for power to force that sort of stuff they call

seienee upon the people, and sit down on every doetor that does not swallow it.

For eruelty and imbeeility this can seareely be beat in modern times, but like unto it is the next ease.

A resident of Washington city, named John Early, went down into North Carolina and worked in a paper factory where they used "great quantities of eaustic potash in preparing wood pulp." Early and others suffered much from dermatitis caused by the potash. On his return to Washington he called on a Dr. Stewart for some remedy for his skin trouble. Dr. Stewart pronouneed it a ease of leprosy, and sent him to the Board of Health. They promptly eonfirmed Stewart's diagnosis and put him in quarantine. His skin trouble soon disappeared but he was not set free, until the poor fellow beeame demented and "eommitted suieide."

If such horrors are already being enaeted right in our National Capital by the very men seeking a bureau of authority, what may we expeet when they get it. Rather than admit that they were mistaken, Early was held without hope of release until he killed himself.

No wonder the people are turning to all sorts of fads and eures for their ills, when they see and hear of such barbarity enaeted in the name of "Medieal Seienee." They have found a girl in perfect health can be a typhoid germ breeder. Is she the only one, that she should be thus eut off from soeiety? If people in perfect health can breed typhoid germs, why may not others breed the germs of tuberculosis, and so on through the long list.

These New York doetors have opened up a new field for investigation and kieked the old theories overboard. It will now be in order for our eabinet offieers to issue an ediet, setting forth that all diseases are eaused by germs of various malignant sorts earried about by seemingly healthy people who are immune from their peeuliar germ influenee. Therefore, deteetives must be appointed by every health board in the United States of Amerieа and sent among the people to find all germ breeders and have them quarantined as provided for.

This would give business to quite an army of doetors of the orthodox seet. Doubtless they may stir up some of the spirit of '76 whieh lies dormant but not totally dead. The idea of the fumes of potash causing leprosy is also new and eontradiets the eontagion theory. But eontradietions are in plain view in both eases. The people should arise in their might and deal with this growing tyranny and its promoters as the worst enemies to life and liberty and eompared to whieh the whole army of germs and mierobes amount to nothing.

LIFE, OR DELUSIONS OF THE MODERN MATERIALIST.

(Continued.)

Dr. E. P. Bailey, Long Beach, Cal.

Let us now examine a little more closely the stock-arguments, or rather assertions, of modern materialism before we turn for light to revelations of a different order. We are told that "mind is a function of the brain," and furthermore, that this mind of ours was developed merely in the interest of the BODY, viz., to enable it to seek food, shelter, etc., and to propagate its species. Thus the BODY is the main consideration, this precious agglomerate of material particles, without sense or consciousness of any sort. "Nature," it would seem (according to this beautiful and elevating doctrine), is exceedingly anxious to have the greatest possible number of these carcasses strutting about, these living automata, and has kindly provided each with a certain quantity of intelligence or mind—not for the sake of its higher enlightenment but as a sort of necessary evil, or unavoidable concomitant, to enable it to obtain food and continue its peculiar existence for a brief period.

A very comforting arrangement! Mind is, thus, merely added because the body could not get along without it, i. e., because it would not have the sense to eat when it feels hungry, or wear clothes as a protection against cold, and to seek shelter from rain or storm. If it had been possible to produce a body without MIND, a body that could eat, drink and exist without a particle of consciousness, a living automaton in the strictest sense, so much the better and simpler from the standpoint of modern materialism. Mind, as a mere waste of energy, would then have been supremely superfluous.

Again; what a beautiful theory! What a sublime achievement on the part of Nature, or the great Noumenon, after endless struggles and experiments, to have enabled certain particles of matter—the atoms or molecules of a few elementary substances—to attract each other, or assimilate other particles, in order to finally develop into a living automaton, and strut about as an artistic conglomerate, or astounding example of molecular jugglery. A certain amount of intelligence was reluctantly added, as a necessary evil, to help this prodigy along and get it to assist in the process of producing similar ones.

Would it seem possible that any rational mind could fail to see the incongruity—the absurdity—of such a position; that there are men of considerable mental acumen, scientists of no small repute, whom we fain would admire and place upon a pedestal, yet hopelessly entangled in this extraordinary delusion, nay who far from realizing or admitting the rottenness of the foundations upon which the entire structure of their

cosmology is erected, take pride in the appellation of "Materialist," as if denoting an especial degree of enlightenment, and look with a sort of contemptuous pity on those who deny that their precious "matter" can't be made to account for the phenomena of consciousness, or the mystery of life.

The usual retort of the disciples of modern materialism, when one ventures to point out its inconsistencies and fallacies (as I had occasion, lately, to again realize, when discussing the subject of consciousness with one of our learned scientists) is. What better explanation have you to offer, who claim to represent a more satisfactory philosophy? Is not everything we see around us composed of matter? Is not matter omnipresent and indestructible? Are we not, in all our actions and dealings—from the first moment of our existence to the last—limited to matter in every conceivable form? Our mind (so-called), is it not entirely associated with and dependent upon the brain, which is matter pure and simple? Where, indeed, is your mind without your brain? We do not, of course, claim that we have solved the mystery of life, but to us it seems more probable that thought, mind, consciousness, spirit, soul, or whatever else you may choose to call it, is a mere organic function, the result of certain favorable combinations of particles, than that it should be a separate entity, co-eternal with, or even superior to matter.

Now this is a fair statement of our present materialistic philosophy condensed, certainly, but fair, and no materialist can say they are wilful misrepresentations, or concealment of what he would consider its strong points. Its main argument is, and always has been, that of the apparent universality of matter, and its apparent sufficiency to produce all the phenomena of Nature, including those of life and consciousness. Mind is a mere result of molecular arrangement, or vibration, just as the sweetness of sugar results from a certain symmetrical disposition of the atoms of carbon and hydrogen. Indeed, materialism constantly points to chemistry in illustration or "proof" of its assertions, as if chemical process were of the same order, or differed only in degree from those which produce the phenomena of the mental world. Mind thus becomes a property of matter under given conditions, and is a mere temporary phenomenon which accompanies certain groupings of material particles which we call "organism" to enable them (as above described) to move about, feed and maintain the more intricate conditions of their precarious existence.

It would, of course, be the height of absurdity to expect the materialist to belive in such a thing as immortality. That

would almost be interpreted by him as an insult to his understanding. Immortality? Yes, as much as you like of it as regards matter, for Matter is indestructible, and has always existed, but mind or consciousness! Why, you don't mean to be serious? How can that be immortal which is merely a result of temporary conditions? You might as well talk of the immortality of sweetness after the sugar has been eaten, or of the immortality of electricity after the battery is destroyed!

Let us pause a moment before we endeavor to show the fallacy of this kind of reasoning, difficult as the task may appear to those who are hopelessly entangled, as it were, in the meshes of a philosophy which seems all the more impregnable (to shallow reason) as it constantly boasts of drawing its conclusions entirely from "facts." Would it not seem more probable because more in harmony with enlightened reason—that, instead of mind existing for the sake of the body (viz., to enable a mere conglomeration of material particles to preambulate for a brief space of time on this sub-lunary sphere) it were the body which existed for the MIND'S sake? Is not, within our entire experience of organic nature, the less perfect always subordinate to the more perfect, so that we may confidently challenge any student of biology to produce a single instance where a superior order should be said to exist for the sake of an inferior one? (That certain representatives of organic life infest, or pray upon, others far higher in the organic scale could not possibly be construed into a proof of the contrary. For instance, it would be preposterous to assert that the stately oak tree existed for the sake of the lichen which grows on its bark, the wheat for the sake of the fungus which occasionally destroys it, or the intelligent dog for the sake of the parasitic flea.)

Would it not seem more plausible and reasonable that the object of the "Great Unknown" is, not to provide certain degrees of intelligence to enable a great variety of BODIES to strut about, temporarily, but rather to produce these bodies in order to furnish the necessary conditions for various degrees of intelligence to manifest themselves and undergo certain experiences which are necessary for their higher development?

From an early date in the history of philosophical speculation the idea of looking upon the body in the light of a temporary "prison" for the mind, or soul, has been a favorite one with at least the great majority of those mystics of Christianity, in conformity with the Neo-Platonists, took it for granted that matter and mind were separate entities, and that the soul was compelled—for reasons which they did not venture to fathom—

to dwell for a while in this "house of flesh," or "house of clay," viz., the body. The Christian Church of the present day not only endorses this conception with all the force of its authority, but makes it a fundamental doctrine of its faith.

Modern materialism, or "positive science," would fain persuade us that mind is a mere result of temporary conditions, of "molecular grouping," as if a fortuitous arrangement of particles—no matter how elaborate and complex—could account for the marvel of consciousness. That chemical processes furnish, or exhibit, nothing which even in the remotest way could be compared with the phenomenon of intelligence, must be clear to all unprejudiced thinkers, and it is amazing to notice the naivete with which some of the foremost champions of the materialistic hypothesis point to the fact of ISOMERISM in chemistry as if calculated to throw light upon the origin of mind.

One can readily understand why, for instance, four elementary substances which, in chemical combination of a certain order, form a RED liquid, possessed of such and such properties, should, when differently combined, produce a GREEN liquid, whose qualities are entirely different, in spite of the fact that the original ingredients in each case are the same. Reasoning on the grounds of atomic hypothesis, it is only necessary to assume that the elementary atoms or molecules of the one combination are differently grouped, or associated, in the other. Thus the same ingredients which, in a certain mode of arrangement, form a healthy beverage, may in another constitute a deadly poison.

But what, in the name of reason, has this to do with the marvel of intelligence? Is mind, then, indeed a mere result of number and quantity? Does it follow that because four ingredients in a certain combination form a red liquid, and in another a green one, that in a third they will be able to THINK? On what grounds can we associate or compare two classes of phenomena, so utterly unlike as those of mind and matter? All chemical and physical properties of matter appeal to our senses of sight, touch, smell, etc., while mind is entirely invisible, intangible, and beyond the reach of our perception. To apply the same kind of reasoning to the domain of consciousness that we employ in our dealings with the material world, would be like drawing conclusions as to the future of Japan from the behavior of certain black cats in the principality of Monaco.

The fact of our having eyes and ears does not account for the marvel of our seeing and hearing. Let the physiologist ever so ingeniously explain to us the construction of our organs of vision, and the physicist tell us all about the laws of optics; does

this bring us an inch nearer the solution of the enigma?

Behind the eye there is the MIND which does all the seeing, hearing and feeling we experience from the cradle to the grave, and without which sensation of any kind would be altogether impossible. Eyes, ears, hands, etc., are so many tools which the mind employs in order to establish or maintain a sort of communication with the external world, but which, per se, are utterly devoid of feeling. If, instead of explaining the mystery of seeing, hearing, etc., the disciple of modern materialism furnishes a minute description of the mechanism of the eyes, ears, etc., it amounts to no more than a description of a painter's tools would, in helping us to understand how a picture came to exist, without taking the slightest cognizance of the artist.

Extinguish the MIND in all human beings, but leave the eyes intact, and all seeing is at an end; likewise all hearing, feeling, etc., no matter in how perfect a condition the respective organs may still remain. We are here, again, brought face to face with the greatest of all mysteries, viz., that of the real nature of mind, which probably no human understanding will ever completely solve. Lucky, indeed, shall we be if ever we succeed in throwing a gleam of light upon the modus operandi with which sense-impressions are communicated to the intellect, and transformed into thought or consciousness. The marvel does not exist in our having eyes and ears, but in our being able to see and hear with them. Explain this and perhaps you explain everything else that has hitherto puzzled our benighted understanding. Even Herbert Spencer, who, without being a materialist in the narrower sense still has a decided leaning towards a materialistic explanation of the world-enigma, and who may be called the subtlest of modern reasoners—even he stands dumbfounded as it were, before the phenomenon of consciousness—and admits his utter inability to account for the manner in which sense-impressions are transformed into thought, or, speaking more strictly, communicated to the intellect.

And yet, the whole mystery may, perhaps, admit of an explanation so simple that, when discovered, it will occasion universal surprise why nobody thought of it before. The simplest truths are usually the ones upon which man stumbles latest (as the experience of all times has confirmed); thus the possibility is by no means excluded that some fortuitous circumstance—some trifling observation, or apparently incidental chain of reasoning—will, some day, lead to the revelation of the great world-mystery, when the veil, hitherto deemed impenetrable,

is torn asunder, and we are startled to behold an overwhelming truth, which might have been in our possession ages ago.

All attempts on the part of materialistic science to prove that mind is a product of matter having failed, and being likely to fail in future, how would it be if we were to reverse the sentence, and turn for light to that school of philosophy which from a remote antiquity has maintained that matter is a product of MIND.

One of the greatest triumphs of speculative reasoning, and beyond comparison the most important step hitherto taken towards the solution of the world-enigma, was the discovery that an OBJECT IMPLIES A SUBJECT, viz., that any given object (for instance a tree) cannot, by any possible stretch of imagination, be said to exist, unless there be at the same time a MIND to conceive it. In extension of this discovery it necessarily follows that the entire outer world can have no independent existence, i. e., cannot be real, except as a mental phenomenon, and that if MIND should ever be destroyed or cease to exist, the "world," as a matter of course, would cease to exist also.

This discovery was already made thousands of years ago by subtle reasoners in far-off Hindostan, and its deductions are given with marvelous clearness in the Upanishads, which are philosophical treatises appended to the Vedas; a treasure-house of wisdom which has on equal, and in comparison with which the logic of some of our foremost modern luminaries sounds like the veriest child's prattle. In those sublime records we have an epitome of the wisdom of sages who pondered over life's riddle long before Pythagoras and Plato impressed their great thoughts on the foremost minds of Hellas, and, like a golden thread running through the Upanishads, is the ever-recurring lesson, "Matter is an illusion; mind alone is real."

To the ordinary untrained intellect, with its crude, empirical conceptions and its blind, unreasoning dogmatism, nothing would seem more absurd than the idea that the external world is not real. The mere suggestion of such a possibility is enough to set every dunce in Christendom bellowing with derisive mirth. "What? You actually mean to tell us that these chairs and tables do not exist? Are you demented? Why, HERE THEY ARE; you can SEE them and FEEL them, and what better proof can there be of their reality?" This is the stock argument resorted to by those who are not accustomed to ponder over the causes of things, but are satisfied to call a certain object a stone, and another a "tree" because they have from infancy been taught to do so, and who go through life without ever realizing the profound mystery which is involved in these

conceptions. Verily, it DOES require a great deal more than the so-called "evidence of our senses" to demonstrate to enlightened reason the reality of the external universe—a VERY great deal.

Where is your universe without your MIND? Take away a man's mind, and what has become of his world? What has become of his chairs and tables; of his trees and flowers; of his sun and moon; and the host of stars which makes us that universe which now appears to him so substantial? They have vanished into nothingness.

"None are so blind as those who WILL not see," and I think the history of all times has verified the truth of this adage. Yet even in the darkest of ages—in mediaeval Europe—when ignorance and superstition held the nations in bondage, and the upas-tree of ecclesiasticism spread its branches far and wide over the fairest of regions during the long weary centuries of oppression, when torture and death at the stake threatened those who pried into the secrets of nature and dared to make known their discoveries, EVEN THEN there existed those of our forefathers who had caught a glimpse of the great truth. Among the mystics of the Middle Ages were many profound minds, whose wisdom—often expressed in the quaintest fashion—is only now in a fair way of being appreciated, having been brought to light again by recent research. That some of these men, by dint of introspective contemplation, fostered by asceticism and solitude, reached a degree of enlightenment comparable to that of the Hindu sages, cannot be doubted in the least, and that others, of the type of Jacob Boehme and Scheffler, who did not lead the life of hermits, but were born philosophers, arrived at conclusions of vast significance, after keenly pondering over life's mystery, all who run may read.

There is a strange fascination in solitude. Man—that singular mixture of the bestial and divine—who in the society of his own species delights in being paltry and trivial, and in developing the more ignoble and clownish side of his nature, becomes a different being when, by necessity or choice he is left to his own meditations. The silence of the forest, the stillness of the desert, the vast expanse of the ocean, or the unbroken quiet of some secluded nook, awaken in him thoughts and feelings which the bustle of every day life can never engender. Then man is apt to propound to himself the great old riddle, and to descend into the abyssmal depths of his own consciousness.

The truth that an object necessitates a subject, and that without a mind to perceive it there can be no world, was patent, among others, to Angelus Silesius, a German mystic

who expressed his philosophy in simple verse, and who clearly recognized that even "his Creator" must disappear simultaneously with the destruction of his MIND, if death means annihilation. This portentious conclusion is expressed by him in the following artless rhyme which, nevertheless, is a masterpiece of incontrovertible logic:

"I know, God cannot live a moment without me,
He must give up the ghost, should I e'er cease to be."

It inexorably follows that, if what we term "death" completely terminates the existence of an individual, viz., extinguishes the MIND, the world will disappear, too, including all the gods or demons which ever haunted a distorted imagination: AS FAR AS THE INDIVIDUAL IN QUESTION IS CONCERNED. If the mind ALSO continue, until finally, with the disappearance of the last consciousness, the last WORLD will disappear.

But leaving the addle-headed element out of consideration, there are not a few advanced reasoners who, while admitting the force of the maxim that "an object implies a subject," yet imagine that because a thing is beheld by several people, at the same time and in the same place, it must therefore have an independent existence. They are apt to forget, however, that the minds of most human beings are practically on the same level, being constituted, as it were, after the same pattern, and that there is the closest interrelationship (by virtue of descent and mode of living) even between the more heterogenous elements of the human race. Besides, are we not constantly molding and shaping the mind of the rising generation in conformity with our own, viz., endeavoring to make others behold things as WE see them? What else is education than a process of trying to bring about in others a condition of mind similar to that of our own? In proportion as I succeed in causing another individual to see things from the same standpoint, or in the same light in which I behold them, in that proportion will his WORLD become the same as mine.

Now, while it is clear that the worlds of no two individuals can be PRECISELY alike—for the simple reason that no two MINDS are ever the same—it is obvious that some of the more commonplace of our conceptions (by dint of heredity, if for no other season) must be practically universal, as far as the human race is concerned. Among these are the thought-pictures which make up the ordinary NORMAL WORLD of the average individual. These thought-pictures, which present themselves to us as material objects, are practically alike in the great majority of individuals, so that what I, for instance, am accustomed to call a "horse" would be called a like

term all over the world. It is only when we come to describe these objects very closely that we discover to our amazement —that the horse WE behold is not the horse seen by another; nay, if ten million pairs of eyes were apparently gazing upon the self same horse there would be ten million different horses.

Take an ordinary farmer and an artist (painter) into a forest and let them describe what they see around them. The result would be a revelation to many shallow reasoners and disciples of materialism who now insist upon making themselves ridiculous by delivering oracular opinions on subjects which they have never philosophically investigated. The farmer would see things to which the artist is absolutely blind, whereas the artist would see and be impressed with objects of which the farmer never dreams; they would, in fact, behold two essentially different worlds, because their minds are not the same.

That which I do not see and of which I do not dream, i. e., that which is altogether beyond my perception, DOES NOT EXIST, as far as I am concerned. If another individual points it out to me, then he alters my MIND, and therefore my WORLD.

Or take a ploughboy into a botanical garden and let him see an interesting assortment of strange plants and flowers; he will gaze upon them as he would upon vacancy, for, to him a plant is simply a plant, a flower a "flower;" moreover he is accustomed to call everything in the line of vegetation "weeds" if it has no immediate bearing on agriculture. Now take a flower and explain to that boy all about its wonderful structure; about the anhters and pistil; about the ovaries; about the meaning of the petals and the wonderful relations between insects and flowers. Teach him that the plant produces the flower for no other purpose than to attract the insect, in order to make a tool of it in effecting cross-fertilization. What is the result? Why, YOU HAVE ALTERED THAT BOY'S MIND, and now he sees a thousand things of which he had not dreamed before—which to him did not exist.

On this fundamental truth rests the power of persuasion, of example and precept, and the thousand and one influences which now determine our conduct. If we effect a change in another individual's MIND, we produce a corresponding change in his WORLD.

To all intents and purposes, viz., as far as our every day life is concerned, the objects which apparently surround us, and which constitute our "world" are as real as if they actually existed. We live on a "plane of matter," that is to say, our

condition of mind is such that we cannot effect a radical change in our surroundings without a supreme effort.

What, let me ask again IS "matter?" No scientist has been able to define it. Looked at from the standpoint of Western science, it is the profoundest of all mysteries, and the atomic hypothesis does not offer the faintest ray of light. Can you imagine a particle of substance so small that it cannot be divided once more? What ARE these atoms? What is their form? They must have some form. If so, what is between them? There must be interstices, and these must be filled with something, for science denies the existence of a vacuum or a "nothing." Do they all float in an ocean or something, these myriads of atoms? What IS this something? There are no limits to the possibilities of minuteness, for even the smallest imaginable interstice is INFINITELY LARGE compared with no INTERSTICE; thus there must follow an infinite series of substances, each finer than the previous one, but each furnishing new interstices. Here again we are confronted with the fundamental enigma, and it becomes evident that the atom of science is an illusion.

We are living in a world of mystery. We are surrounded by appearances which we fondly persuade ourselves to be realities, having from infancy been accustomed to look upon them as such, though they are little more than phantoms of our imagination, or, as Carlyle aptly expresses it, "The clothes in which we dress our thoughts." We see the sun rise in the east and set in the west and look upon this as the most natural thing in the world; we see the moon with its changes and all the starry host, and habit has rendered us indifferent to those wonders. We drop a stone and expect it to fall on the ground; we plant an acorn and expect an oak tree from it; we would be greatly surprised to see it develop into a cucumber; we perceive the effects of heat and cold upon ourselves and other bodies and look upon all these phenomena as matters of course—yet they are profound and awful mysteries if we go below the surface.

Carlyle, in his SARTOR RESARTUS, gives utterance to the following remarkable sentence:

"I stretch forth my hand to cluteh the sun. Vain and foolish attempt. It is a hundred million miles distant. Yet if, by some wondrous miracle, my arm were to suddenly extend, so that I could touch it, the marvel would merely consist in the lengthening of my arm and in the power of my body to sustain it: it would be incomparably smaller than the marvel that I am HERE and have an arm which I can stretch forth at all."

But the moment we look upon the so-called "physical universe" as a PRODUCT of the MIND the great riddle is solved,

and we behold order and symmetry where all before was chaos and confusion. "Look within your own self" is the lesson of the Upanishads; and no amount of materialistic research will unravel the world-mystery. That mind is the only reality has also been the conclusion of our greatest Western philosophers, from Plato to Schopenhauer, and it cannot be too often repeated that the fact of our being able to see or touch a thing does not prove its independent existence, but merely shows that something is going on in our mind. In our dreams the world is, to us, for the time being, as real as in the so-called waking condition, and we can see, hear and feel objects which are utterly devoid of existence. Time and space, likewise, are purely mental conceptions, which vary in each individual and are never precisely the same in us for two consecutive moments, being entirely regulated by the prevailing condition of the mind. Indeed, there are as many worlds as there are minds, and although the general resemblance between these worlds is such that we may speak of a normal type, yet among so many millions of minds there must be at least a few who are so differently constituted that they may be said to live in quite another world. Those whom we call "insane" are simply cases which differ largely from the normal type, and we put them into asylums because they happen to be in the minority, although their world is to them as real as ours to us. It may be urged in reply that their "insanity" is due to some alteration, disease or peculiarity of the brain, but this decidedly PROVES what is here being maintained, viz., that what we call the external world depends entirely on the condition of the mind of the individual member of the human race, but which even there is completely controlled by temporary conditions or "mental peculiarities," cannot be real.

Mind, then, is the universal creator. It produces its own world; its own joy and its own sorrow; its own Elysium and its own Tartarus. Says Omar Khayyam, the famous Persian sage, in his Rubaiyat:

> "I sent my soul through the Invisible,
> Some letter of that after-life to spell;
> And by and by my soul returned to me,
> And answered, "I myself am heaven and hell."

Among the myriads of individuals who constitute the human family all degrees of intellectuality are represented, from that of the Australian savage to that of a Shakespere or Goethe. There is no such thing as an equality of endowment, yet all may ascend to higher planes of self-consciousness. Knowledge constitutes the only kind of wealth worth possessing, for everything else is transitory and illusive. He who aspires to the

higher enlightenment is freed from what Oriental philosophers have termed the "pain of being," viz., (the disappointment springing from the thraldom of a world which is deceptive and unreal) in proportion as he approaches his great goal. This was recognized by the mediaeval recluse and still forms the cardinal motive of the Hindu ascetic, who retires into solitude in order to be better able to seek that light which he prizes above all earthly possessions.

Doubtless many will read these lines and differ, aye, even condemn my conclusions, such, however, is the fate of the philosopher. For the past ten years, I have been philosophizing (thinking), as well as up and doing, and will continue to do so. To me my experiences are invaluable, for they have made this stage of my life worth living and given me a keener perception and appreciation of the next. Not being encircled by either sect or section I extend the hand of fellowship to all men. I can learn something from all classes.

Eclecticism appeals to me in its broadest sense; endeavor to apply it, fellow practitioners, not only in your practice, but in your every thought and action.

THE PETRIFIED FORESTS OF ARIZONA.

J. A. Munk, M.D., Los Angeles, California.

Petrified wood is found in various portions of our Western country, but nowhere in such profusion, nor of so many bright colors, as in Arizona. A knowledge of this wood is of comparatively recent date and was first discovered and described during the early Government surveys, but no particular notice was taken of it until some time afterwards. Relic hunters who chanced that way occasionally picked up some specimens out of curiosity and vandals sometimes shattered the giant trunks with explosives in order to obtain the valuable crystals and precious gems which they contained. At one time quantities of this material was carted off and shipped east by rail in carloads to be manufactured into tablets and tabletops for furniture and house decorations; but upon trial it was found to be so exceedingly hard and difficult to work that the cost of production made the price prohibitive to the average customer. Machinery was then invented for grinding it up and converting it into emery, but about that time the price of emery fell so much in the Canadian market that it made the scheme unprofitable when it was abandoned. After many years of delay Congress was finally induced to take action and give it protection by including it in a National Park.

The location of the forest is in Northeastern Arizona on the line of the Santa Fe railroad, on a high plateau and in a desert

region. It is part of the mesa country which extends over hundreds of miles of northern Arizona and New Mexico. All of this country is full of the evidence of upheaval and volcanic action. There are extinct craters, lava beds and cinder fields innumerable, with many lava buttes or chimneys of lava rock standing in mid-plain like pillars of stone, where the mesa was broken up and obliterated by weather erosion. A thick layer of sedimentary sandstone once covered the whole country and is still visible in places on the original mesa level where the cliffs bound the valleys. These scattered mesas are all that is left of what was once an extensive flat, unbroken tableland and they indicate the former elevated surface level. This rock wherever found marks the abrupt ending of every mesa and shows that they are all of the same formation and period of time. Broken fragments of this rock litter the talus along the cliffs where they have fallen from above, but do not extend out into the valley. No stones are found on any of the land lying between the cliffs. Whatever became of all this mass of rock which has disappeared is now not apparent.

Adamana on the Santa Fe railroad is the station where visitors stop to see the forest. In an early day a cattleman named Adam Hanna located a ranch at this place. His wife's name was Anna and when the road needed a name for its station the given names of husband and wife were joined and the station called Adamana. My first visit to the forest was during the month of August in 1901, while I was waiting in Holbrook for my party to arrive to go to the snake dance at Walpi. I happened to be ahead of time which gave the opportunity to make a side trip to the forest. I and another man hired a team and driver to take us out on a two days' trip and we went in, so to speak, by the back door. The distance is eighteen miles from Holbrook and only six from Adamana. We took bedding and some provisions and headed for a cattle ranch called "Jim's Camp," which was named after three cowboys, all of the same name and living on the ranch at the same time. Here we expected to find shelter and water, but when we arrived found the cabin deserted and empty and the well filled with debris from a recent cloudburst. It was during the rainy season and some muddy water was found in a ditch which was used to make coffee for the men and that furnished drink for the horses. We were lucky to find any water at all, as it is in a desert country where water is scarce at all times. During our stay we drove all over the forest and clear through to the farther end to the Bridge, which is a large petrified tree of solid rock that spans a ravine. The long trip from Holbrook is now seldom made as nearly all visitors stop at Adamana.

The original forest lies six miles south of the station and can be easily seen in one day's drive. It divides naturally into three separate sections called the first, second and third or the Rainbow, Crystal and Chalsedony forests. The bridge is in the first forest near the place of entrance and always receives attention. Trees are seen lying on the ground in every direction and in places are so thick that they are piled on top of each other. They are from one to five feet thick and from one hundred to two hundred feet long. All are broken into sections ranging from stove wood to sawlog lengths and cut square across as if done by a saw. The outside of the wood looks dark, but when a log is broken open and the inside exposed to view it presents all the colors of the rainbow and is a brilliant sight. Some trees retain their natural color throughout, and when they disintegrate split like wood and make a big pile of chips that seem only to be waiting for the touch of a lighted match to make them burn. The trees rest on stratified beds of clay and many bright colors that in themselves make an attractive picture. Geologically it is claimed that this region dates far back into Mesozoic time to the reptilian age and the Triassic formation. The theory of their petrifaction is that the trees were immersed for a long time in a body of heavily mineralized water. While plunged into this unusual bath the wood atoms of organic matter were gradually replaced by mineral atoms of an inorganic substance until they became silicified and all turned to stone. Broken pieces of petrified bone of the Saurian family are also found with the wood, but no perfect skeleton of any of these animals has yet been discovered. In my search for specimens I found one perfect vertebra and a section of an acetabulum, or portion of some socket joint.

Three years ago John Muir, the eminent naturalist, visited the forest and spent some time in exploring the old forest as well as the adjacent country, where he found other new forests. One lying six miles east of Adamana he named the Blue forest and another one north of the station he called the Black forest. On returning from my recent Santa Fe trip I decided to stop over one day to see the Blue forest and procure some of its attractive specimens. It gets its name from the bluish tinge which is seen in some of the "wood," although the bulk of this material is not blue, but has all the bright colors seen in the old forest and, if possible, in an intensified degree. The Blue forest is the smallest of the entire number, but what little there is of it is very fine. In speaking to Al Stevenson, who was my driver and is also proprietor of the hotel and custodian of the forest, I inquired as to what were the attractions of the Black forest. He replied

that it was a very interesting place, but did not dare to praise it on its merits lest his motives might be misunderstood. He mentioned the name of several distinguished men who had recently been there and all had expressed themselves as being highly pleased with their visit. In a moment I also got an inspiration to see it and at once decided to stay over another day.

Driving out together the next morning over a good natural road and on an easy upgrade all the way to the forest, we suddenly found ourselves on the edge of a precipice and looking down several hundred feet from the cliff of volcanic tufa into the Carrizo Creek Wash. Before us was a panorama of a vast amphitheater spread out in a semicircle, which rose in successive benches or terraces up to the skyline in the far distance. It was a brilliant scene of many bright colors extending as far as the eye could see. The sight was a complete surprise that produced a sensible shock of pleasure and as a color scheme is unsurpassed. I thought I knew Arizona and had seen the Painted Desert many times, but now for the first time I saw before me the real Painted Desert. A sight of this new wonderland was well worth while and an ample reward for staying a day longer and making the extra trip. For grand scenery and brilliancy of color this view makes a remarkable picture and is a fit companion piece to the Grand Canyon of Arizona.

We tied our horses to a tree, where later we ate our lunch, and descended into the depths by a steep trail down the cliff to get a nearer view of what there was to see. All the petrified wood in this forest is either jet black or a light brown, the natural color of the wood. Although the banks of clay are here all highly tinted as in the other forests, yet none of the wood shows any bright color. If the tint on the wood is due to the color in the soil, as has been claimed, the rule does not hold good in this instance. In all of the forests are found some large trees, but the north forest contains the larger ones. We inspected one tree that measured fully nine feet through at the butt. Most of the trees have been classified as cone bearers but in the Black forest different varieties of trees are found. There are many giant specimens of palms or ferns whose boles or stems are curiously marked by pittings that run in spiral circles around the trunk showing where the leaves grew. The place where these trees are most numerous is called the Sigillaria Grove. The grain of the wood of these trees is also different from the rest, showing them to be of endogenous growth while in the other trees their development was by exogenous layers. In the forest south of the railroad no stumps have been

found standing where they originally grew, but in the north forest such stumps are numerous, Mr. Stevenson having counted forty-two. In the Blue forest we found no stumps in situ, but discovered the roots of a tree just as they grew in the clay fully exposed to view. Because no roots nor stumps have been found in the old forest, which is the best known and most investigated, some have reached the conclusion that the trees did not grow in the place where they are found, but were floated in from a distance by a flood of water. Now that the actual stumps and roots have been found, the other supposition is no longer tenable, because the tangible facts are present to prove the contrary. Another peculiarity that we noticed is that the denuded clay banks in the southern forest are all covered with smooth, water worn pebbles, while in the north forest these stones are absent and their places taken by sharp, volcanic cinders. Mr. Muir spent several weeks exploring the Black forest, and after making a thorough investigation offered to pay $1000.00 for a specimen of the petrified fruit of the Sigillaria tree. Mr. Stevenson believes that he has found such a specimen, which appears to be a perfect carpolite that is about the size and shape of a pullet's egg.

There are many ancient ruins and rock carvings found in the vicinity of Adamana which add greatly to the interest of the place. On top of the mesa just back of the Rio Puerco is a pueblo ruin of considerable size where some excavating has been done with gratifying results in the finding of many curious relics of a past and forgotten age. On some of the rocks on the cliffs are etched hieroglyphics or pictorgraphs that doubtless have a meaning but have not yet been interpreted. This carving was done with chisels fashioned from petrified wood. Such implements have been found and bits of the same material have been revealed in the carvings by the magnifying glass, where they were broken off and lodged in the cutting process.

During our ride I remarked how very interesting it was to visit these ruins and picture in fancy the life that once flourished here, by repopulating the deserted pueblos, traveling over the old trails and studying the romantic life of the ancient people who lived long ago in this enchanted land. My companion said he was glad I had mentioned the subject as he, too, indulged in the same kind of thoughts. "But," said he, "I never speak about it to any one as I fancy that I am growing 'nutty' on the subject and people who heard me might think that I was 'bughouse.' "

The lure of the desert is an unusual experience, but something very real, and after it once takes hold of a man there is nothing that can ever make it let go.

MEDICAL FREEDOM.

J. Fraser Barbrick, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

When our worthy President requested me a month ago to write a paper for this meeting I said "no," as at that time I did not think I had anything to write or time to write it. But during the month I have given much thought to the very able paper read at our last meeting by Brother Holton of Whittier. That paper, touching on one of the moral medical ills of today, suggested to me that it might not be out of place to call your attention this evening to some of the legislative medical ills of the present, especially as these ills need prompt attention if we, as Eclectic physicians, wish to retain the freedom of practice for which our fathers fought, and maintain the integrity, individuality and independence of Eclectic medicine. I refer to the efforts of the political Doctors through their misnamed medical association to establish a National Health Bureau, a bill for the creation of which, together with other restrictive and monopolistic legislation, was introduced and systematically pushed in both houses, during the last session of congress. And I have no doubt a systematic campaign for the same bill or similar legislation will be waged during the coming session, and perhaps successfully waged unless we, who in the minds of such narrow contracted reversionaries, are "out of the fold," awaken and give them battle, not alone to protect our rights, but to prevent the blessed privilege of free medical choice from being taken away from the people. I need not cite to you practitioners of this glorious—and did I not know about your wonderful medical law and the workings thereof I would add liberty loving—State of California the hardships worked by, useless restrictions of, and the absurdities contained in the present State medical laws, most of which have been formulated from suggestions given, and promoted by the same set of medical men and the same intrusive medical association, which is now endeavoring through Federal legislation to destroy what little independence their state legislation has left us.

I am not going to harass or tire you by a lengthy dissertation on a matter with which you are all as familiar as I, but I wish to warn you that through our sluggishness, carelessness, or short sightedness, we have allowed this legislative medical ill to become endemic, epidemic and pandemic, and now we must bestir ourselves or like a pestilence it will destroy us. And to the end that we may at least make a beginning, in our fight against this ill, I want to submit for your consideration the following resolutions, which I hope to see adopted, either in

part, as a whole, or strongly modified, by this society at this meeting, and be recorded as our protest against the unprofessional, uncalled for, unnecessary, unsafe and un-American activities and proclivities of those political Adam-Zad's, who walk like doctors and pose as medical societies. The resolutions are as follows:

Whereas, The American Medical Association misrepresenting the medical profession of the country, has by endeavoring to force through the last session of Congress, legislation which we believe will be unfavorable both to the sick and those who labor in their behalf; and

Whereas, We fear that such legislation if made effective would take away some, and abridge many, of the rights and privileges of citizens both ill and well; would tend to destroy freedom of practice and liberality of thought in the science and art of healing, and would greatly handicap the physician and surgeon in his great work for suffering humanity; and

Whereas, This special-privilege-seeking-political-medico association has for years bent its best (or worst) efforts towards advancing monopolistic and restrictive legislation that has already to a great degree destroyed medical freedom, and if carried further might eventually abrogate the constitutional right of the citizen to choose his physician and of the physician to choose his method of practice and system of treatment; therefore be it

Resolved, That the Los Angeles County Eclectic Medical Society is first, last and always against all such uncalled for, unnecessary and pernicious legislation; and be it

Resolved, That it is the sense of this meeting that no general demand for such legislation has even been made either by the people or the medical profession as a whole, and therefore such efforts on the part of the American Medical Association are selfish and arbitrary, unsafe and probably unconstitutional, and if successful would tend to hinder medical progress and destroy medical freedom; and be it

Resolved, That this society strenuously objects to, protests against and opposes all such efforts; and strongly endorses, approves and joins in the battle for medical liberty now being waged all over the country by our National, state and county Eclectic societies, by our Homeopathic and independent Allopathic brethren, and by our many lay allies, first and foremost among which is the National League for Medical Freedom; and be it

Resolved, That a copy of these resolutions be offered to the press for publication, that the public may know the attitude of the Los Angeles Eclectic Medical Society, a representative

society of the only American system of medicine, the school of modern and rational healing, Eclecticism, which, by its aggressiveness and progressiveness has, during the past fifty years, had such a remarkable influence on medicine and surgery that it can safely claim to have revolutionized and reformed the practice of the healing art; and be it

Resolved, That the secretary of this society be instructed to send to every Eclectic physician in Los Angeles county and every member of this society a copy of these resolutions.

In closing I would add that the price of liberty is eternal vigilence. Medical compulsion in some form has ever been the policy of the so-called old school, and surely the "gobblin's" of the American Medical Association, "will get us if we don't watch out;" and one of the very best ways I know of at present for us to watch out is to join the National League for Medical Freedom and by our influence, and in every other way we can, aid it in its efforts to prevent the infringing of individual rights by adverse medical legislation and the stamping out of all schools or systems of healing except those indorsed by the American Medical Association. And the best of it is, the joining of this league will not prevent us from getting busy within our own society, but simply gives us the co-operation of a well organized society which has already done a wonderful work in this matter.

This league is carrying on a campaign of education and publicity, the purpose being to awaken the people to this medical monopoly danger, that they may prevent any clique or trust from forcing through any legislative measure either state or Federal, which would not preserve absolute liberty and freedom of all schools of healing; and, I think every sympathizer with this movement, should enroll themselves as members, and do all they can to support its efforts.

ECLECTICISM, ITS METHODS TODAY, AND ITS STANDING.

Finley Ellingwood, M.D., Chicago, Illinois.

Read before the Washington State Eclectic Medical Society

In addressing a paper to the Washington State Society, on the present status of Eclecticism, I shall present points only, and not enlarge to any great extent upon them, as there are really volumes that could be said had we time and place.

When Dr. Scudder died he left for us to develop the theory of specific medication and specific diagnosis. He had brought out the specific indications for a few remedies; not all of the indications of these remedies. He left those of us who have been working the last twenty-five years to develop these prin-

eiples; to add new ones to them; to make clear and positive his own statements; to develop concerning each remedy other specific actions, and to discover and make clear the specific action of new remedies.

His work was the **seed**; our work is the **tree** and the **fruit.** It is impossible for me to show to you how much work has been done since Dr. Scudder's death. We have added to the remedies that were on the Eclectic list at that time, almost **half as many more.** We have not, in every case, determined the exact place of these new remedies, but we have determined the line in which they will work, and have kept busy recording, classifying, and arranging the facts concerning them, to give them a positive place.

We have taken the remedies he brought out, and have watched to determine whether his statements were correct; we have enlarged upon them in some cases; have found them deficient in other cases, but a most important thing that has been done, has been to **find new indications, a broadened field** for any of the single remedies, beyond that which he had any suspicion of. This work is now being wonderfully done.

Perhaps the most important thing that has been accomplished is in the matter of dosage. Nearly all of our observers agree in the fact that Dr. Scudder's doses were too small. He favored homeopathy. We have learned to give very many of our remedies in much larger doses. This may be illustrated by Gelsemium which at one time was given according to Dr. Scudder's advice in from one-third to one-drop doses. It is now given commonly, the specific medicine, in from **three to ten-drop doses,** and many prescribers do not hesitate to give from twenty to thirty drops, obtaining in two or three doses, its full physiological effect, of which **they are not afraid.** This is vitally important, as many of our remedies were being disearded because their action could not be secured in such small doses. Others of them that were not receiving all attention from our own school, were taken up by the old school, as Maerotys and Hydrastis and Cactus, and given in doses of from ten to forty drops, to secure results that we had no knowledge of, going beyond our knowledge by so doing. Viburnum Prun. is now given in 1 or 2 dram doses instead of 5 to 10 drops.

It is in place to say right here that we must not allow other investigators to work out superior results for us, that we have overlooked, by more careful work in our own field. We must do that careful work ourselves.

Another very important thing, has been to take the real old remedies, such as turpentine for instance, and determine for these old remedies beautiful, exact, specific properties, placing

them high up, in the scale of exact medicines, to an extent not dreamed of by those who have used these remedies for liniments or horse medicines, or for general purposes. I could name a number of these remedies that have had a more exact place given to them.

A few of the new things that have been brought out is the fact that Apocynum is one of the most potent and exact of our heart remedies; that Macrotys has an influence on the capillary circulation of the brain, and is a restorative to nervous tone; that Ergot is a most desirable remedy in cerebral engorgement; that Santonin is a powerful nerve sedative, and has a specific influence on reflex nerve irritation; that the Bromides influence the muscular contractility of the womb to a certain extent like Ergot, but that the sedative influence limits its action to general muscular irritation of the muscular fiber; that Bryonia is one of our most powerful special sedatives when the muscular and serous membranes indicate it, or when gastro-intestinal indications exist. This is a very important remedy, and the field that has been opened for its action is second to none in importance. The entire field of the action of Echinacea has been brought out since Dr. Scudder's death.

Nothing more important has been learned than the hypodermic use of Lobelia, as a powerful stimulant, to the nerve centers, a balance wheel on all processes, and a profound eliminative of virulent toxines when they are depressing the system. This field is just opened, and we have much yet to learn.

Another important thing that has been learned is that in the treatment of Tetanus, two things important, always must be considered together; neither alone do any good. It is of no use whatever to relax a patient from the tetanic convulsions, if measures are not taken to **neutralize the poison** at the same time. Therefore, hypodermic injections of twenty drops of carbolic acid and thirty drops of Gelsemium every half hour or hour, at the critical time, or at longer intervals, according to the judgment of the prescriber, is exercising a curative effect in many cases. One reliable doctor reports 12 cases, all severe and all cured.

While a number of doctors are using this measure, others are succeeding equally well by injecting Echinacea around the wound, and giving it in teaspoonful doses internally in conjunction with hypodermic injections of Gelsemium alone, or Gelsemium and Veratrum combined, or Gelsemium and Lobelia, or all of the three combined. In either of these cases the antispasmodic and antitoxin are administered together, a principle that has previously been overlooked.

It is impossible to go into detail, as I have said, in mentioning all the improvements that have been made. It is to the credit of our school that they can cure **ninety-eight per cent** of the cases of pneumonia in private practice; **ninety-six per cent** of the cases of typhoid fever of which more than **eighty-five per cent** will end within from fourteen to twenty-one days without complications. That those of them who adhere to the method just laid down are curing ninety-eight per cent of their cases of tetanus, where previously ninety-nine out of a hundred died. It is safe to say that our percentage of cures, and satisfactory treatment are at least twenty-five per cent higher than that of physicians of either of the other schools.

This statement might be questioned by Homeopathists, but they as a school acknowledge that they have become uncertain about their methods, and it is seldom that one of their colleges teaches **strict Homeopathy,** and they have become confused as to their exact position, and their liberal men and adopting our methods freely and are increasing their success.

Concerning the Allopathic physicians, they have put so much time on Bacteriology, Pathology and Microscopy, and scientific branches, that during the past three decades they have neglected the practical branches of the profession, especially Therapeutics. It is a most astounding fact that in this they "do not know where they are at." They have studied serum therapy, and are still at sea after accomplishing two good things in the time mentioned. They have studied animal extracts, and have failed in all but **two** or **three** in that line. They have had a craze for products "**made in Germany,**" and today the Committee of Pharmacy and Chemistry of the American Medical Association has approved a list of **several hundred** synthetic **proprietary** coal tar preparations with **trade mark names** for the use of the total profession, which have **no other** recommendation that that they were **made in Germany.** One word backed by the name of a German doctor is worth more to them than volumes from the practical observers, from close thinking, careful, studious, hardworked, American practitioners, who are curing their patients **by scores** for each **one** of the satisfactory results of the other school.

They are depending upon the above-named scientific pharmacists, to tell them what remedies to use, and this committee **has** declared that **Echinacea, Cactus, Helonius, Chionanthus,** and **Dioscorea** are of no value whatever—and others. Learned men —Learned opinion; what value is such statements as against the experience of ten thousand Eclectic observers?

Furthermore the Johns Hopkins University, unless for the immediate future, has had no Professor of Therapeutics, and

does not teach this branch. Other colleges devote **one hour a week** in the **senior year** to the application of drugs by practical methods. The State Health Boards of many states do not examine their applicants on this branch, omitting it entirely.

A system of practice without any medicine is like an engine without steam, or a man without any nervous system, or an electric plant without any electricity. As a result of this negligence of the most important chair of the curriculum, their students are coming to us for knowledge in this line. They are consulting with our physicians; they are buying our books; they are subscribing for our medical journals; they are prying into the sources of our knowledge, and are longing for full information in our lines. Their doctors also are just as anxious. We are actually selling more of our books now to **old school physicians** than we are to Eclectics, and I think there is but little doubt that there are more regular subscribers on any one of our best medical journals, than there are Eclectic physicians. (True in **most** cases).

The reasonableness of our theory appears at once to them. It is atractive; it is natural; it leads out in natural lines to **rational results,** and when they apply this theory, they are at once carried captive by the superior results obtained. They are surprised beyond expression, by the astoundingly satisfactory results obtained from the use of very simple drugs, when applied according to the exact indications of the remedy.

They have been searching in their laboratories; and with their test tubes; their microscopes; by experiments on guinea pigs, rabbits and dogs in a state of health, to determine the action of drugs. This is **scientific.** Our **practical,** plain, busy men have been watching the patient at the bedside—and have recorded the action of **single remedies** upon **exact conditions** of disease, until he feels that **he knows when** a peculiar condition appears, which might also appear in very many different diseases (if specified by their names) that he has an **exact remedy** that will cure that condition, whether that remedy has been given for that disease before or not, and the results of his patient, practical, clinical observation having been recorded, are now like the gold brought to the surface by the **deep digging** and **hard work** of the miners, which bring its full reward. This gold is enduring. **A fact,** determined today **to be a fact,** will be just as much a **fact** and just as applicable to cure disease **a thousand years** from now, as it is **today.**.

It is peculiar, because it gets rid of the theories and dross, the doubt, of imperfect drug action. It is of great value because it relieves pain. It saves the patient from impending death; it restores him to health and usefulness.

I have drawn this paper out altogether too long. I have but one thing more to say. While our teachings have grown and developed, and while our truths are more eagerly sought for than any others in medicine, now, many of our men have drifted out of the strict ranks of Eclecticism and there has been in some states too much of a union with physicians of the old school. The great mistake of this has come in the fact that the most of these have thought that in uniting with the old school they must adopt the old school methods; thus they have gone backward; they have retrograded; they have weakened their own powers, and have weakened their own influence with others. They have lost cast with their own school, and have attained no dignity with the old school.

Where our physicians have simply joined the other societies, to give them the benefits of their knowledge, and have retained that knowledge, and have continued to use it; and have not been ashamed of its source, and have declared freely concerning their methods, they have done so much harm and we have not lost so much, especially where they have retained their membership in their Eclectic societies, and have continued their affiliations with others of the Eclectic school.

In many localities there are no societies but those of the old school, and there can be no harm in our physicians affiliating with the methods of these societies, under these circumstances, if they are free to declare their Eclecticism and continue their affiliation with their Eclectic fraternities, also.

One of the reasons why there has been so great a depression is that our colleges have all been poor. Few of them have been able to keep up to the very highest standards. Their buildings have been small; their equipment has been limited; their laboratory facilities, especially, have suffered by comparison with those of the old school, and students have hesitated about entering such colleges. Furthermore the demands of the times are such that the highest of scientific attainments must be reached by medical students, and superior methods must be available. The State Health Boards have been very rigid in many states, working in line with a few colleges, to put down all smaller colleges, and to make their existence impossible; and to do this these boards have been especially severe upon the graduates of smaller colleges, in many cases refusing them recognition. This has made it imperative in some states that the students should have a degree from other colleges.

Our college in Cincinnati is now thoroughly equipped. It is put into a condition that every student can feel that it is an honor to graduate from it. He can feel that he is able, there, to obtain a most thorough and complete course, and to secure

all the advantages offered by larger institutions. The California College is, we hear, establishing a high standard also.

There never was a time in our history when Eclecticism was succeeding as it is now; when our principles stood out distinct and bright as they do today. There never was a time when we were so near general recognition, as now. It is no longer looked upon as a disgrace to belong to another sect, but Eclecticism is looked upon by more than eighty-five per cent of the old school profession, as leading the world today, in a correct principle of therapeutic application, and in the knowledge of superior drugs.

Furthermore, it is universally recognized that we have the finest fluid products that are known to the world in our Specific Medicines. This is not denied by any, and it behooves us to stick to our principles as never before.

Now at the time when we are going to be recognized openly as leading the world in the most important branch of the curriculum, let us stand by our colors; let us be fixed in principles; let us be encouraged in our work; let us stand out in the sunlight of general recognition, as those who have achieved and as those who have worked for a great purpose; as those who have contributed to the relief of suffering humanity that which will endure for all time, which will be recognized for centuries to come, and which has, and will, materially furnish a bent to the course of medical practice, which is of incalculable benefit to suffering humanity. Let this be our recompense and in this let us be satisfied, yet seeking higher things.

ANAL AND RECTAL FISTULAE.

B. R. Hubbard, M.D., Los Angeles.

(Read before the Los Angeles County Eclectic Medical Society.)

A fistula is a suppurating track located in the soft tissues of the body. There are several varieties descriptively considered, of which the anal and rectal are the most frequently met with, and is usually the sequela of abscess formations caused by extreme inflammatory action, hemorrhoids, and traumatic injuries. Surgically considered a fistulous track located near the anal margin is called an anal fistula, and a rectal fistula if it opens higher up in the rectum.

The recto-vesical fistula is not infrequently met with, as is the recto-labial and the recto-vaginal variety, the latter communicating between the vagina and rectum and is usually caused by parturition, while the recto-labial cases are due to abscess formations, but are rarely met with.

Fistulas are also described as complete and incomplete; the former (typical) having reference to a suppurating track with

two openings, one upon the skin surface and the other in the rectum, (see cut) while the incomplete tract opens in the rectum or upon the outer surface of the body and communicates with an abscess cavity; thus having but one opening it is frequently spoken of as a blind fistula or sinus. Should the opening be on the surface of the rectum, it is called a blind internal fistula; if upon the skin surface, a blind external fistula.

When pus gravitates for some distance from the abscess it may reach the mucous membrane of the rectum or the skin surface by several openings, when the morbid condition is denominated complex fistula. As many as sixteen external fistulous openings have been noted in a single case by the author. The patient was a brewer and gave a history of specific disease. When pus from a perirectal abscess opens into the bowel and also forms fistulous tracks that course down each side of the bowel and opens upon the skin surface, the condition is known as the horseshoe variety and is not infrequently met with in surgical practice. (See cut.)

Recto-vesical fistula represents a communication between the bladder and rectum. The suppurating track is short, merely extending through the walls of the rectum and urinary viscus. The contents of these organs interchange, fecal matter and flatus passing through the fistulous opening into the bladder and out through the urethra, the urine may flow into the bowel. The usual causes of recto-vesical fistula are rupture of the bladder from kicks and blows, penetrating wounds, and very large and craggy calculi that may set up an ulcerative process. (See cut).

Persons of feeble health, especially those of tubercular and scrofulous, diathesis, and such as may be suffering from specific disease are extremely liable to fistulous diseases. Sedentary habits are prone to bring on an attack of fistula in ano, as is extreme constipation.

Rectal and anal fistula are more often met with after middle life, and among men oftener than women. The morbid state is not necessarily dangerous, however, the anxiety and distress accompanying the local disease begets a depressed state of the nervous system that often hurries on a fatal termination of grave constitutional ailments. Excluding foreign bodies and traumatism the common cause of fistulous disease in the anal region is abscess formation, and the early general symptoms are restlessness, fever, thirst, and loss of appetite, while the local symptoms are those of heat, throbbing pain, and in time a pointing or swelling upon the mucous surface of the rectum or the outer skin surface.

Unless the real condition is determined early and the accumulating pus evacuated later, marked symptoms are apt to

supervene, such as rigors, hectic flushes, night sweats and loss of sleep; besides, multiple tracks are apt to result from the burrowing suppurating fluid.

Success may not crown attempts to explore a fistula with any kind of a probe on account of its tortuous course, yet, there will be an escape of flatus if it extends into the bowel, also intestinal fluids and pus to soil the patient's under garments and provoke excoriation of the adjacent parts. A small bulbous silver probe can be so bent that the fistulous passage can usually be explored to its termination, at the same time the surgeon should be cautious in his manipulations of the instruments that he does not make false passages by forcing the end of the probe through the walls of the fistulous track.

The most painful cases are those where the fistula opens externally in the perineum near the raphe, or near the tip of the coccyx. Pruritis of the ano-gluteal region is a common and often a distressing complication of the morbid state.

Cystitis is a frequent complication of a recto-vesical fistula resulting from irritation caused by the escape into the bladder of flatus and fecal fluids.

External fistulas are readily determined for their external openings can be observed, but to find the internal orifice of a complete fistula often taxes the skill of the operator. It is usually located by injecting a colored fluid as permanganate of potash, methylen blue, or milk of magnesia through the sinus, when with the aid of the rectal speculum the liquid can be seen flowing into the bowel.

The true nature of a recto-vesical fistula is determined by the passage of urine with the feces, or when flatus and feces are voided with the urine. A recto-vaginal fistula is determined by the escape into the vagina of fecal matter during defecation; a like discharge determines a recto-labial fistula.

The treatment of anal and rectal fistulae is by both remedial and surgical measures. If the patient be weak and debilidition and indications for remedies. Usually pepties, stimulants tated from some constitutional disease carefully observe his conand tonics in the form of iron, arsenic, strychnia, sulphur, the hypophosphites, together with nourishing foods as eggs, beef, cream, olive oil, pickled pig's feet, custards, etc., are demanded as tissue builders and to whip up the appetite and maintain the strength of the patient. The rapid recovery of the patient often demands a change of occupation. Those leading a sedenwill get plenty of sunshine and exercise in the fresh air. Fretary life should change to some outdoor occupation where they quent bathing in sulphur springs water will be of great benefit, and the bowels should be kept regulated with olive oil, cascara, sulphur, phosphate of soda, or mineral water.

Abscesses should be evacuated and kept clean as well as the sinus or fistula by frequent irrigation with some potent antiseptic solution as carbolic acid, peroxide of hydrogen, salicylic acid and borax or bichloride of mercury. To actively stimulate the healing process in the suppurating tracks, topical application should be made to them, on a small cotton swab of some one of the following agents: Carbolic acid 95 per cent, nitrate of silver 20 per cent, balsam of peru, full strength or chloride of zinc 20 to 30 per cent in glycerine. These escharotic agents should be used with care that extensive destruction of tissue does not occur. Two to four applications usually suffices to stimulate granulations. Avoidance of active exercise and rest in the recumbent position hastens the cure of the morbid state. Eczematous itching, and excoriated states of the ano-gluteal region are relieved by frequent bathing of the surface with the following wash:

℞ Carbolic acid, gtt. xx.
Witch hazel, ℥ ij.
Aqua Dest. p. S., q. s. fl. ℥ vj.

M. Sig.—Use topically every two to four hours as may be required. Soothing powders find a place here to control irritation of the skin surface. In general use are starch, talcum powder, stearate of zinc, lycopodium and oxide of zinc.

Surgical measures are not applicable to patients whose general health is vitally depressed by disease, but operative procedures should not be discouraged where it is evident that the nagging of the local affection is hurrying to a fatal termination the constitutional malady. Usually a few weeks preparation of the patient by placing him upon the course of medicine and diet previously suggested will make it safe to execute any and all necessary operative work.

To execute the necessary surgical work in fistula operations a variety of instruments should be at the surgeon's command. Rectal and vaginal speculums, curved and straight bistouries, grooved directors, silver probes, small sharp curetts, catgut and silk for sutures and ligatures, artery and needle forceps, curved needles, blunt retractors, straight and curved scissors and Allingham's elastic ligature carrier.

The preparation of the patient is the same as for other important surgical operations. The bowels should be moved by broken doses of sulphate of magnesia a few hours before the operation and the rectum well washed out by enemas of borax solution, or weak soap-suds. The ano-gluteal region should be prepared in the usual way by washing with green soap and water, and sterile water. The parts may or may not have to be shaved. The nature of the operation will determine this.

The patient's health permitting, a complete division of the ano-rectal fistula upon a grooved director after thorough divulsion of the sphincters is the quickest, simplest and most satisfactory method. This is done, of course, under general anesthesia, unless the suppurating track is short and superficial when the parts overlying the sinus can be severed without pain after anesthetizing them with a two-per-cent solution of cocaine or eucaine hypodermatically administered; indeed, it is surprising to know the extent to which operations of this character may be carried under local anesthesia, without producing severe pain.

The first step in the operative work is to pass a grooved director through the external opening and along the fistulous track, if possible, through the inner opening in the rectum, and by the aid of the index finger of the left hand the end is brought down and made to emerge from the anal orifice. The soft structures overlying the grooved director are then divided with a bistoury as nearly as possible at right angles with the external sphincter muscle, following which the suppurating tract is carefully curetted and all necrotic tissue removed, all bleeding vessels are then secured, the wound packed to the bottom with some potent antiseptic gauze over which pads of sterile gauze or cotton are placed and held in position with a T-bandage. Any branch sinuses, should they be located, must be divided upon the grooved director and made to open into the main track.

In exceedingly tortuous fistulae it may be necessary to divide the track in sections, feeling the way carefully along with the probe-pointed director to the end of the pipe. In cases where the fistula opens high in the rectum it will be impossible to bring the end of the director out of the anus. In such cases it is advised to insert a long-bladed bistoury along the grooved director till its point emerges in the rectum, when it is made to engage the end of a piece of pine or other soft wood which, when withdrawn brings with it the knife, at the same time dividing the intervening tissues. Allingham's scissors and groove director are especially adapted for this operative work. Some operators prefer to open the fistulous track from below upwards till the bowel is reached, where the inner opening of the track is high in the rectum. The hemorrhage which in these cases is profuse, should be controlled by securing the bleeding vessels by ligature or by packing the wound with sterile gauze.

It is inadvisable to sever the sphincter muscles in more than two or three places in any serious multiple sinus cases, on account of the fecal incontinence that is liable to follow, especially when the internal sphincter is divided.

The subsequent treatment requires rest in bed and the wound kept clean with antiseptic washes; especially should the rectum be douched with a five per cent borax solution following each bowel movement. If at any time some part of the traumatism shows a tendency to not heal, the granulating process may be stimulated by applying carbolic acid to the septic area every three or four days until two or three applications are made.

The external blind fistula, leading to an abscess cavity may be enlarged, curetted and then cauterized as well as the abscess cavity with pure carbolic acid three or four times during the period of two or three weeks, when, if the suppurating surfaces show no disposition to heal the incomplete track is converted into a complete one by passing a grooved director as far as possible along the existing sinus and then forcing the end through into the rectum. The succeeding treatment will then be the same as in ano-rectal fistula.

To locate the opening of an internal blind fistula is not always easily accomplished; when found, if it passes downward its course may be followed by bending a long silver grooved director upon itself and the short end made to enter the sinus and forced through the track till its presence is located by extending the skin and fascia when the point is reached by cutting upon it with a bistoury; the succeeding steps are the same as those of a complete fistula. If branch sinuses be discovered they must be opened and cauterized.

The surgical treatment does not vary in cases of multiple or complex sinuses; the tracks must all be explored and opened up as in the preceding cases, care being taken to not too frequently sever the sphincter muscles. In his work on Diseases of the Anus and Rectum, Gant mentions a case of multiple sinus with thirty-seven openings on the buttocks, five in the vulva, three in the vagina and three in the rectum. On opening up the tracks he divided the sphincters at three different points, yet within three months the wounds were healed and the patient regained perfect control of the bowel.

A recto-vaginal fistula, if not extensive, can be cured by cleansing the parts, cauterizing the sinus every third or fourth day with carbolic acid, silver nitrate or the actual cautery until the healing process starts up. The patient being instructed in the meantime to keep the rectum and vagina thoroughly clean with antiseptic washes, of which a five per cent solution of borax is to be preferred. If the openings are large the sinus is dissected out, or the margins pared away after which the opening in each organ should be closed separately with fine chromicized catgut first separating the walls of the recto-vaginal septum sufficiently to aid in the work.

Recto-urethral fistula, as previously stated, is rarely met with; this is fortunate, as the morbid condition is often difficult to cure. Mild cases have been known to heal spontaneously, the suppurating track closing from active inflammatory action. The author aided the healing process in a case by first divulsing the sphincter muscles, bringing the rectal opening of the fistula into view, dilating and curetting the tract, after which the canal was slightly cauterized with carbolic acid, the bowels kept locked for a few days, the urine drawn with a catheter three or four times a day following which the urethra was cleansed with a weak boric solution as was the rectum following the first few bowel movements. The track rapidly granulated shut and healed in two weeks. Aggravated cases may have to be slit up with the knife, curetted and the rectal opening closed with catgut, the subsequent treatment being the same as suggested in the preceding case.

Recto-vesical fistula is often difficult to cure, especially if of long standing. To prepare the patient for the operative work the same course should be followed as suggested in the recto-urethral case. The sphincters should be thoroughly divulsed, the rectum washed out with a two per cent boric solution, curette if possible, cauterize or slit open the track as the existing state of the case will demand. Frequent bowel movements should be prevented and a rectal tube retained in the bowel to allow the escape of flatus. The urine should be voided through a silk catheter which should be retained in the bladder if possible for a few days. If a slitting of the canal is resorted to the rectal end of the sinus should be closed with fine chromicized catgut, the stitches reaching deeply, care being taken, however, to not extend the needle into the bladder.

Recto-labial fistula may be cured by two procedures; after the parts are rendered sterile the fistula is laid open through into the rectum. The cut through the sphincter should be at a right angle. The suppurative track may be dissected out or cauterized as the operator may determine. If the sphincter-vagina be divided it can be united at a later date. Should the patient object to the cutting operation an elastic ligature may be passed through the sinus and tied over the intervening tissues, and left to cut its way out, which it will do in a few days, the parts being kept clean during the time by antiseptic washes. In this connection the author would recommend the elastic ligature in the treatment of sutiable anal fistulas where division of the canal will not be submitted to by the patient. (See cut.)

If fecal incontinence follows division of the sphincters, which it will do in some cases, relief and cure can only be ex-

pected through operative measures. Two methods are in vogue, cauterization and the plastic operation. The former is done with the Paquelin cautery the flat point heated to a red heat and passed through the mucous membrane and sphincter muscles and extending to the margin of the anus. These divisions should take place at two or three points equidistant from each other as the case will determine; the subsequent treatment will require the traumatic surface be kept clean with antiseptic washes, and allowed to heal. A certain amount of contraction of this part of the rectum will take place; if it should be insufficient, the process may be repeated one or more times at a later date.

The successive steps of the plastic operation to cure the morbid state of the sphincters in cases of incontinence is in great part, like that of mending a ruptured perineum. The mucous membrane is divided, the ends of the divided sphincter muscles picked up, freshened, and united with catgut sutures. If the incontience is due to a relaxed state of the sphincter muscles a section may be removed together with the overlying tissues, when the ends of the muscles are to be united as in the previous case. Should the first operation prove insufficient a second may be done at a subsequent period. Cases where either of the foregoing operations are impracticable an inguinal colostomy should be performed to better the patient's condition, both as regards business and social requirements.

AN OBSTETRICAL CASE.

Geo. D. Coe, M.D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

One night in the early years of my practice in Kirksville, Mo., Professor Baldwin, President of the State Normal School, came to my house and said his daughter, Mrs. Sublett, was in labor and he wished I would hurry to his house.

I was soon at the bedside and found Mrs. Sublett in labor, with the most forceful and frequent uterine contractions I had ever witnessed.

On examination, I found a child which had come feet first protruding to the hips.

History.

Mrs. Sublett told me she had retired feeling well as usual. She awoke about midnight with a pain which ruptured the membranes, and with the gush of water the feet of the child protruded.

Her father ran across the street and got an experienced

midwife. She made traction on the feet and soon discovered that all was not right, and told the father to go for a doctor. Hence my call.

By a little careful traction and the powerful uterine contractions I soon had the child away, except the head, which seemed held as in a vice. I laid the child up on the mother's abdomen and while the nurse held it I passed my finger into vagina when it came against the top of a child's head. I could easily make out the anterior fontanelle. I was nonplussed; surely a child's neck could not double so as to allow the top of the head to present. It then dawned upon me that it was a case of twins with their heads locked in the pelvic cavity.

I had come from my home without obstetrical forceps, which were in my office.

I instructed her father where he would find the forceps, and he went in a hurry. Instructed Mrs. Sublett to refrain from bearing down with the pains as much as possible while awaiting her father's return. We did not have to wait long. He was back soon with the desired instruments. I applied them to the presenting head and while the neck of the first child was forced tight up under the pubic arch drew the second child away.

This accomplished, the head of the first child was easily delivered.

Both children were dead and evidently had been for a day or two before labor began.

The mother made an uneventful recovery. This illustrates the necessity of keeping your obstetrical forceps in your obstetrical bag, and always at hand. Fortunately in this case they were not far away.

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WORKING FOR MEDICAL FREEDOM.

In previous years we have devoted a good deal of space to "medical politics," in fact some of our friends have suggested that we have worked at it both in season and out of season. Nevertheless, we still believe that at the present time there is nothing of greater importanee to the Eclectie members of the medieal profession than is this persistent endeavor on the part of the A. M. A. to establish a trust in the practice of medicine. Therefore we eall this issue the Medical Freedom number and particularly desire to call your attention to both the original articles and the extracts. Eaeh is well worth the time of the reader.

The Allopaths have worked hard for nearly two decades to perfect their organization with the prineiple object of accomplishing this one thing, a trust, and a year ago they were so sure of victory that they had begun to fight among themselves over the division of the spoils. But they were a little too eager in reeling in their fish, or it was a little bigger than they had expected. Anyway the line broke and the fish escaped. However, it was a pretty "elose squeeze," and the fish being thoroughly frightened has communicated its fright to the other fish both great and small. Some of these fish are not fish at all in the sense of practieing medicine, but they are beginning to realize that the fact of their not using medicine only exempts them to the extent of "your turn next." Any

man who practices the healing art is fish for this net whether he uses medicine or not.

With all this furor it quite naturally follows that attempts are being made to organize those who stand for freedom into one body and thus clash steel against steel. It is somewhat of a difficult task to hold allies together at any time, and the present instance is no exception to the rule. As harmony in methods of treatment is impossible, it necessarily follows that all such beliefs must be relegated to the background. There is but one thing upon which we can agree and that one is the single isolated idea of **freedom.** It is a word which should be dear to the heart of every liberty-loving American, but we have noticed that the possession of power makes the most of us forget all about it in our case, where the other fellow is concerned.

In so far as we are aware, there is but one effort that bids fair to perfect such an organization, and that is the National League for Medical Freedom. Their platform is broad enough with its single plank, to cover the situation and their energy and skill in reaching the public ear is certainly commendable. In a crisis the people still rule this country and it is to them that we must appeal. Moreover, their welfare is as much at stake as is our own, and after all we ask only for "fair play." If an Allopath can cure a patient quicker than—let us say a Christian Scientist, the people will soon find it out. He does not need a law to oppress the other man. The unwritten law of competition will do the work. No cures, no practice, no income, **finis.**

After all the people still have the inalienable right to a free choice in medicine as well as in politics and in religion.

MEDICAL MONOPOLY THE FOE TO PROGRESS AND HUMAN RIGHTS.*

By B. O. Flower.

One of the gravest dangers which threatens real progress and rightful freedom lies in monopolistic measures or class laws, which are ever put forward ostensibly for the good of the one spectacle more inexpressibly sad than the gradual sinking people but in reality for the benefit of the few. There is but of a people who once prized freedom and enjoyed the sweets of liberty, into hopeless serfdom, through the cunning and avarice

*This refers to an epidemic of persecution of the Seventh Day Baptists who because they worshipped and kept holy the seventh day and worked on Sunday, were fined and imprisoned through the reactionary religious bodies.

of the shrewd, and that is the loss of that most precious right which relates to the empire of the mind—the freedom of conscience, which includes the right "to liberty of choice" in things pertaining to religion, or the soul's welfare, and matters relating to the individual convictions and desires as they pertain to the healing art, or the well-being of the body.

Of the result of class laws, trusts and monopolies as they relate to the material conditions of the industrial millions, our readers are not ignorant, and in their knowledge lies the hope of their salvation. Of the cruel religious persecutions which have been so vigorously carried on during the past few years in Tennesee, Arkansas and recently in Maryland,* our readers have been apprised. There remains, however, another form of despotism which has appeared with other monopolies during recent years in this country. I refer to medical class legislation. A medical hierarchy is growing up in the republic, in some respects as intolerant and despotic in its instincts as the religious hierarchy of the Dark Ages, which crushed free thought, strangled science and rendered progress well nigh impossible. The manifest analogy between religious and medical restrictive legislation, and the injustice of both, have been well set forth by England's greatest nineteenth-century philosopher, Herbert Spencer, in the following impressive words:**

"There is a manifest analogy between committing to government guardianship the physical health of the people, and committing it to their moral health. The two proceedings are equally reasonable, may be defended by similar arguments, and must stand or fall together. If the welfare of men's souls can

§See Social Statistics, pp. 408-11.

"Interfere with no man's rights; but if, in art or science, he be wrong, prove it, not by legislation, but by overpowering him with superior knowledge, superior skill and truth. This is the best method to compel him to thoroughly inform himself upon those points in which his deficiency has been proved. But no legislation; science does not need it, and can much better take care of itself when not attached to statutes per force."—Professor John King.

*Editorial Note. Sixteen years ago, when from the Atlantic to the Pacific the organized regular doctors became active in seeking trust or monopoly legislation, we wrote several papers embodying some of the many valid reasons for opposing this sinister and unrepublican attempt at class aggression.

Of late we have received many requests for copies of The Arena containing this paper, but as they have long since been out of print, they could not be furnished. A number of friends have urged us to reproduce it. This paper is published in compliance with this request, though for want of space we have found it necessary to abridge it considerably. It originally appeared in The Arena for February, 1894.

At the present time in Illinois the organized trust-seeking doctors have been trying to pledge candidates for the legislature to

be fitly dealt with by acts of parliament, why, then, the welfare of their bodies can be fitly dealt with likewise. He who thinks the state commissioned to administer spiritual remedies, may consistently think that it should administer material ones. The fear that false doctrines may be instilled by unauthorized preachers has its analogue in the fear that unauthorized practitioners may give deleterious medicines or advice. And the persecutions once committeed to prevent the one evil, countenance the penalties used to put down the other. Contrariwise, the arguments employed by the dissenter to show that the moral sanity of the people is not a matter for state superintendence, are applicable, with a slight change of terms, to their physical sanity also.

"Let no one think this analogy imaginary. The two notions are not only theoretically related; we have facts proving that they tend to embody themselves in similar institutions. There is an evident inclination on the part of the medical profession to get itself organized after the fashion of the clerisy,—moved as are the projectors of a railway, who, whilst secretly hoping for salaries, persuade themselves and others that the proposed railway will be beneficial to the public—moved, as all men are under such circumstances, by nine parts of self-interest gilt over with one part of philanthropy. Little do the public at large know how actively professional publications are agitating for state-appointed overseers of the public health.

"Whoever has watched how institutions grow, how by little and little a very innocent-looking infancy unfolds into a formidable maturity, with vested interests, political influence, and a strong instinct of self-preservation, will see that the germs here peeping forth are quite capable, under favorable circumstances, of developing into such an organization. He will see, further, that favorable circumstances are not wanting —that the prevalence of unemployed professional men, with whom these proposals for sanity inspectors and public surgeons mostly originate, is likely to continue.

"The most specious excuse for not extending to medical advice the principles of free trade, is the same as that given for not leaving education to be diffused under them; namely, that the judgment of the consumer is not a sufficient guarantee for

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support a measure that would prevent tens of thousands of intelligent citizens from lawfully employing the practitioner of their choice. In other states there are signs of the same pernicious activity on the part of the monopoly-seeking A.M.A.; hence no liberty-loving citizen can afford to sleep at this critical hour Commercial trusts and monopolies are oppressive and tend to impoverish the millions for the enrichment of the few; but their evils are insignificant compared with the attempt at monopoly in religion or the healing art.

the goodness of the commodity. The intolerance shown by orthodox surgeons and physicians toward unordained followers of their calling, is to be understood as arising from a desire to defend the public against quackery. Ignorant people say they cannot distinguish good treatment from bad, or skilful advisers from unskilful ones; hence it is needful that the choice be made for them. And then, following in the track of priesthoods, for whose persecutions a similar defence has always been set up, they agitate for more stringent regulations against unlicensed practitioners, and descant upon the dangers to which men are exposed by an unrestricted system."

Because I believe these laws to be the embodiment of that spirit of selfishness and avarice which is at once the supreme menace and curse of the present hour; because I believe they endanger rather than protect life and health while trampling on the sacred right of the individual; because I believe they retard progress and are a foe to science, and, furthermore, because they belong to the despotism of the past and the imperialism of avarice, I feel it is my duty to strenuously oppose them, as I oppose class privileges and special legislation in other directions, and as I oppose religious persecutions whenever and wherever found.

But on the threshold of this question we are sure to be confronted with the query, Do you thing it right that the people should be deceived by thinking they are employing a skilful regular practitioner, say a graduate of Harvard, when they are being duped by a person of very limited education? Most assuredly no, and what is more, I believe it would be perfectly right and proper to protect the people from such danger; but I would not do so in such a way as to deprive thousands of intelligent citizens from employing the physicians of their choice, or compelling them to receive treatment from doctors who practice methods which are as repellent to them as would be the rites of the Mohammedan religion to a devout Romanist or an earnest Methodist. I would favor the passage of laws compelling every physician to have hung upon his office and consulting room walls certificates from the county clerk or other duly appointed officer, stating the qualifications or lack of qualifications, and the schools or methods of practice employed by the person in question, and I would have penalties attached for any violation of these requirements, sufficiently severe to insure their being complied with. Moreover, I would favor compelling every person who professed to heal the sick, to place upon his sign, his card and any other announcement he might choose to make, **the method of practice employed**; thus, John Smith, M. D. (Regular), James Jones, M.D. (Homeopathy), Frederick

White, (Metaphysician), Samuel Hutchins, M. D. (Eclectic). If the physician desired to add the college from which he graduated that would be permissible and proper,—thus, John Smith, M. D. (Regular Harvard); but I would attach severe penalties for a false statement relating to such matters, which might deceive people, as, for example, the placing of (Harvard) after the name of one who had not graduated from Harvard. Requirements of this kind, while in no way oppressive, and while they would not debar me from employing Frederick White, a metaphysician, in preference to John Smith, a regular, if I desired, would prevent people from being misled or deceived. And if the medical priesthood, which is so closely following the methods of the religious priesthood of the Dark Ages, was sincere in its pretense that it is prompted in its effort to secure special or monopolistic privileges simply for the protection of the people, it would favor such measures; and yet, as a matter of fact, so far as I know, whenever these measures have been advocated as substitution for unjust class laws, the advocates of special privileges in medicine have strenuously opposed enactments along the above-mentioned lines, thereby showing most conclusively that Herbert Spencer's keen perception did not err when he characterized the motives actuating the promoters of medical restrictive laws as **nine parts self-interest gilded over with one part philanthropy.**

It is time that the people tore aside the mask of hypocrisy behind which the promoters of class laws and monopolistic measures ever screen their greed and selfish purposes. Attempts to deceive people as to one's qualifications or methods of practice should be prevented, and each physician should be held responsible for making a blunder. But the rightful protection of the people from intentional deceit or fraud should be compassed in such a way as not to interfere with the right of every intelligent man to employ in the hour of sickness the physician of his choice and to patronize the method of school which he believes to be the most rational. The state which disregards this right strikes at the heart of that healthful freedom which has been the handmaid of all real progress, and ranges herself on the side of despotism and against liberty; for the cry of despotism has always been that the intelligent individual "does not know what is best for him," and that his welfare should be entrusted to interested parties, who arrogate a power which should be enjoyed by the individual, because it is his sacred right.

At the present time I wish merely to confine my observations to two claims made by advocates of medical monopoly measures, which specially merit the attention of all who prize individual rights and who value the progress which comes with

equality of opportunities and wholesome freedom; and to notice the great offense or crime against the individual which is committed whenever one of these odious laws is enacted. Those interested in special or class legislation (among whom are many doctors who are longing for a sinecure in the form of positions on official boards, and others who view with alarm the progress made by new systems and methods of cure) have persistently, and often effectually, advanced two claims for their cause. The first has been the protection of the health and life of the people, and the second the elevation of the healing art. Now if it is not perfectly clear that medical class laws do compass these two objects, they certainly do not merit the serious consideration of legislators, for the grave and weighty objections to them must appeal with special force to those who place themselves in the position of the thousands and hundreds of thousands whose rights are infringed upon when special systems of cure and methods of practice are outlawed. It is to these two major claims of the advocates of medical monopoly laws that I first invite the attention of the reader.

Any laws or conditions which remove the wholesome, free competition and healthful rivalry, which exist where men of diverse views are striving for sueeess, tend to make a large percentage of the profession enjoying a monopoly earcless and less alert than the force of circumstanees rendered neeessary when others were sharply competing with them. One of the most impressive lessons taught by history and confirmed by general observation, is that a large proportion of those who belong to any class or profession beeome earcless when they feel secure, and this is very noticeable in the medical profession. There are numbers of physicians who love their profession and throw into it all the enthusiasm of their natures. It would matter little whether they felt secure or not; their practice would receive their best thought and most eonscientious service. But unfortunately this eannot be said of a large pereentage of doctors.

As long as there are strong rivals and a perfectly free field, and people have the right and power to choose whomsoever they desire, the most sueeessful practitioners will win the best patronage, and hence all who would live must do their best. Moreover, **so long as a physician has strong competitors, who represent rival methods, watching him, he will be careful not to make mistakes,** for there is too much danger that he will be held responsible for his blunders. But when the law steps in and removes the insecurity which sueh eonditions occasion, a large proportion of physicians beeome eareless. They have little to fear, for all or most of their rival eompetitors of other

schools are outlawed, and the people are compelled to employ them, while the argus eyes of those who do not believe as they do are no longer upon them, and they have the comfortable assurance that behind them stands a powerful body bound to them by a common cause and interest. **When this is the case the people are in real danger, especially if the physicians are those who employ powerful or deadly remedies.**

A volume might be written filled with illustrations emphasizing this important fact, but space forbids introducing more than one typical case bearing upon this point. In the untimely death of the great astronomer, Richard A. Proctor, we have a striking example of professional recklessness in a medical trust-ridden state. In the death of Professor Proctor, the world sustained a great loss. His was one of those really great brains which have added materially to the scientific wealth of this century. The most terrible and pathetic feature of his death, however, lay in the fact that, from all appearances, he need not have died had it not been for the culpable ignorance of the regular physicians in the medical trust-governed state of New York, who, according to the regular physicians of Florida, made the grave blunder of mistaking malarial haemorrhagia for yellow fever, and, owing to this ignorance, had the great scientist taken from his warm bed at midnight, out into a chilly atmosphere surcharged with moisture from a recent storm, and conveyed some distance to a hospital, where, as would naturally be supposed, he died in a very short time.

Had this death, resulting from such gross ignorance, as the Florida physicians claim, been the result of a blunder on the part of any new-school or progressive physicians, had the mistake been made by a metaphysician, a magnetic physician, a homeopathic, or an eclectic doctor, instead of by prominent regular physicians, a nation-wide **furore** would have ensued. Medical journals and many weekly and daily papers would have called strenuously for the passage of laws to protect the people by giving into the hands of the old school of medicine the arbitrary power of censorship. As it was, the matter was kept as quiet as possible, although on account of the fact that the unfortunate victim of regular ignorance, in this instance, was so distinguished an individual, it created more or less excitement in certain quarters, and called forth comments and criticisms in some of the newspapers. It was at the time of this death that the veteran journalist, Joseph Howard, in writing to the Boston Daily Globe, thus summed up the facts of the case:

"Surely, if any life was precious to the world, his was. The facts are, he was taken ill, grew very much worse, but on Tuesday afternoon seemed better. A terrific thunder shower

flooded the city at night. At midnight the rain had ceased. Proctor was taken from his warm bed, and carried in an ambulance through chilled and damp air to a gloomy hospital some distance away. His favorable symptoms disappeared. He became delirious, and after a series of frightful convulsions, died unconscious. In 1859, when the medical reunion was held here, after two days of learned debate, a resolution was almost unanimously passed by a body representing the intellect and experience of the medical profession, to the effect that yellow fever was not contagious. The best obtainable authority shows that under the condition of temperature prevailing here now it would be a physical impossibility to introduce yellow fever. Medical authorities agree that a long continued temperature, day and night, of at least 80 degrees, is necessary for the successful introduction and spreading of that dread scourge. Poor Proctor has been added to the list of premature, untimely, unnecessary deaths."

But this was not all, else the "censors of public health" would have declared with the usual arrogance of "mediocrity in purple," that laymen were not competent to pass opinions on such things. In this case, however, Southern physicians, who were sufficiently familiar with yellow fever to recognize its symptoms, felt so keenly the culpable ignorance of their New York brethren that they denounced the mistake in no uncertain words, as will be seen from the following notable dispatch from Ocala, Fla., published in the Boston Herald under the heading, "Professor Proctor's Case":

"At a meeting of physicians representing the boards of health of several of the interior counties of this state, held in this city yesterday, **every physician present ridiculed the idea of Professor Proctor having died of yellow fever,** as reported by his attending physicians, and the health authorities of New York City. **The opinion was unanimous that the symptoms given by physicians attending him, from the day he left his home until the hour he was hurried out of his hotel to his death, plainly and unmistakably pointed to the one conclusion, that the disease of which the unfortunate astronomer died was Malarial Haemorrhagia and not Yellow Fever.**

"A committee was appointed to prepare and give to the public the opinions of this body of physicians in full, and the facts upon which they are based. This place is more than sixty miles from the seacoast, upon the backbone of the peninsula, and fully as secure as cities hundreds of miles away. Professor Proctor's late residence is at least one hundred miles from Jacksonville. He had not left his home for weeks, and had not come in contact with any person from an infected district be-

fore leaving for New York, and on his trip thither he went seventy miles around to avoid the infected regions. It has been ascertained that there were ninety-three passengers on the train with him, and yet no other case was developed, nor has since developed, among that list of passengers. But more remarkable still, Professor Proctor is reported sick and vomiting on the first day of his journey from home. Any layman knows, who has had any experience at all with the disease, that this is not one of the first indications of yellow fever. The statement of Professor Jacobi that 'yellow fever is in all parts of Florida and that there is danger of persons from every section of the state spreading the disease,' was also considered, and will be refuted."

If absolute freedom had existed in New York, and every physician had felt that strong representatives of rival schools were watching every important case, and that each doctor would be held individually responsible for mstakes, do you imagine this terrible blunder would have been possible? I regret that space forbids my citing other cases quite as striking in character; this, however, will emphasize the point I am making.

In the next place, the assumption on the part of those who plead for restrictive laws, that they would prove a protection to the people, is weak in that those who ask for medical monopoly are, for the most part, those who employ the most deadly remedies and heroic treatment. We have heard much about the conservative character of the regular school and it is true that there is a sense in which it is conservative. It always distrusts the newer and less dangerous methods of cure until the people have shown their confidence in them to such an extent that the old school practitioners feel compelled to recognize the merits of the innovations or crush those who have brought a new truth to the attention of the public.

I wish to notice a very interesting fact in the history of the healing art—a fact which corresponds in its trend to the evolution of life from the crude and simple form, without sensation or thought, to man, standing today at the outskirts of the psychic realm and peering into the marvelous mystery of mind. Every great irregular step in the history of medicine has been a protest against the barbarities of the old methods and a rational appeal from the lower and more crude to the higher and more subtle curative agents. Eclecticism was an appeal from the mineral world to the vegetable kingdom, a step from the gross, inert realm of earth, stone and metal, to the growing herbs and living flora; employing, as it did, the virtues of numerous simple, common plants which had been virtually ignored

by regular practice. Homeopathy was another pronounced protest against the enormous dosing of the regular school, demanding that the stomach should no longer be converted into an apothecary shop. It was also an earnest attempt to reduce the healing art to a system and to discover the underlying laws governing abnormal conditions; and here again, we note: (1) a step toward a higher and more subtle method of treatment; (2) an attempt to break away from empiricism and quackery.

Hydropathy, electricity and metaphysical therapeutics marked other upward steps, teaching how much might be accomplished by external treatment, and each after a fierce battle succeeded in compelling recognition in greater or less degree, even from the school which once savagely assailed it. Note, I beg, this steady evolutionary process in the healing art.

Every step has been from the gross and crude toward the subtle and refined. **The trend has been upward**, and the methods safer, and while it might be unreasonable to expect that the old school should, even at this late day, fully recognize the value of these various innovations, after so savagely contesting their claims, yet, in a measure, each has exerted its influence in regular practice.

But we are not yet through with the triumphant progress made through innovations in the healing art. We have ascended from the bowels of the mineral world to the very threshold of the loftiest domains known to man, the mysteries of which we know so little, the power of which is being felt in wider scope than ever before—the profound realm of mind, soul or spirit. Whatever may be your or my opinions on the merits or demerits of the strange power possessed by the metaphysicians throughout this land, the fact remains that there are tens, and I may say hundreds, of thousands of American citizens who boldly affirm that they have been restored to life and health by those who, discarding all drug medication, rely wholly upon the divine influx from God to His suffering and dying children, such as Christians believe was demonstrated in the early church.

But it matters not for our present discussion what the real explanation may be; the important thought to be considered is that these practitioners are curing large numbers of intelligent persons after regular practitioners have failed to give relief. These are facts, or else the testimony of thousands of as intelligent and conscientious people as live in our land, who were sick and are now well, is worthless. All this shows the trend of modern thought in the healing art, and suggests the marvelous possibilities which open before us. I believe humanity is today approaching a truth, the demonstration of which will eclipse all the triumps in all ages of the past.

We are only on the threshold of this realm; as yet the curtain is but slightly drawn aside; the splendor is only beginning to dawn on our vision. But when the perfect day shall come, when the human mind, which has so long grovelled in the material sphere, shall have risen into the sun-illumined heights of lofty spirituality, it will be able to banish disease by the majesty of its power. Do you doubt it? Then study the pages of history. All along the highway of the past there stand out in bold relief illustrations and hints that are finger-boards pointing to that supreme truth which will one day flash on mortal vision, and illumine the soul with a celestial glory. How often, in the vanished ages, great and holy prophets, teachers and sages have wrought marvelous cures in restoring the halt, the maimed and those bowed down with frightful diseases. They have cured them by the majesty of command uttered by souls filled with a serene and lofty faith, or an absolute conviction of the power that was delegated to them or that dwelt within their being.

Who shall presume to limit the possibilities of the mind when it is pure, exalted, filled with lofty aspirations, and open to the luminous inspiration that comes from above? Think of its achievements in the material world of the past! It has climbed the heavens, caught the lightning in its wayward course, and made it the slave of man. It invented the telescope, and lo! the flat earth and the lanterns that hung above were found but fancies of a childhood age, and in the place of this fiction there were revealed great systems of the worlds. It invented the printing press, whereby the earth has been filled with the wealth of the greatest brains, blossoming forth on a million pages. It has given us the power to converse with and hear the sweet familiar voices of friends removed from us many miles. It has given us inventions by which the very tones of the loved, the great, the gifted, may be preserved for generations yet to come. It has given us the loftiest conceivable thoughts, the purest song, the grandest poetry, the most ravishing melody. Inspiration, do you say? Ah, what is inspiration but the higher expression of mind and its power or susceptibility to voice the major notes of the invisible choir of the universe? I repeat, there is no measuring the possibilities of mind, especially when it is illumined with the divine influx and dwells on the serene heights of profound spirituality. There is a marvelous power in the soul of man or in the inspiration that is breathed in from above, and every age has witnessed to this truth.

So in regard to the healing art; if that freedom which has made progress possible be not taken from our people, and if legislation will permit the free-born American citizen to choose whomsoever he desires to treat him when sick, I believe the near

future will give to us grander triumphs in healing than the past has conceived. The menace of the present lies in the efforts of the promoters of medical monopoly. In the course of a brilliant protest against medical restrictive legislation, Professor Joseph Rodes Buchanan made the following suggestive observation:

"The oak is in the acorn which the pig may crush in his jaws, and the glory of the future is the helpless infancy of the present, which a conspiracy or brutal law may crush. This is not a mere metaphor, but a solemn reality. Our Washington might have been lost by a faithless nurse in his infancy, as he finally lost his life by medical ignorance. The infant power that is to bless the future ages is the infant science, the infant discoveries, inventions and philosophies that are springing up where all this is beneficent and glorious first comes—outside the walls of corporations."

In the light of history and in the face of existing facts, I believe it will appear evident to any unprejudiced investigator of this problem that the protection of the people, and progress in the healing art, demand the abolition of all class laws which infringe on the rights of the intelligent American to such a degree that he is denied freedom as to the choice of the method of treatment he desires or the practitioner in whom he has confidence. Protect the people from intentional fraud, in such a manner as I have suggested; add to this security by the enactment of laws which will severely punish any practitioner who fails to employ faithfully and conscientiously the methods of practice he professes to follow, and then place every doctor on a common footing. Give the people wholesome liberty, which is their sacred right. Encourage education and that sharp competition which fosters industry, necessitates caution, and favors progress and advancement.

A further objection to these odious class laws is found in the fact that they force upon thousands of thoughtful, law-abiding people the terrible alternative of becoming law-breakers or of seeing death take from the fireside loved ones who might be spared for many years if freedom prevailed. And I want to emphasize this thought, for I can conceive of few crimes more heinous than that which a legislature commits when it obeys the selfish entreaties of an interested school or class to the extent that it takes from me the right to save my life or the lives of those dear to me by methods not approved by a selfish medical censorship.

I do not wish to be understood as assailing the regular school. **I am assailing unjust and un-American legislation which makes unfair distinction and unconstitutional discrimination.** I fully appreciate the services and faithful and conscientious endeavors of thousands of noble-minded medical men in the

ranks of regular practice, and I am not unmindful of the extensive curriculum and the elaborate scholastic requirements of many of their educational institutions, although I think that here much precious time is wasted in digging in the cellar with the aid of very uncertain lights to guide them, and that in many respects their teaching resembles the extensive but useless memorizing which characterizes Chinese education.

The point I am making is not against any particular school, **as a school,** but again oppression, injustice, and dangerous class legislation which certain members of the regular school are year by year seeking to fasten upon the people. I should defend the right of the free American citizen to employ a regular physician, if homeopathy sought to outlaw regular physicians by proving that the practice of the latter was more fatal to life than the newer methods, because I hold that the passage of any such law would be essentially unjust, inasmuch as it would deprive some citizen who had faith in the old school from the liberty of employing the physician he desired.

It is a very serious thing to take from a man the power to save the lives of those dearer than life to him; yet this is precisely what is compassed by medical monopoly laws. It is a legal crime to enact a statute which tempts law-abiding citizens to become law-breaking citizens; and yet this is what every legislature is guilty of committing when it disregards the great fundamental right of the individual to the employment of whomsoever he desires in the hour of sickness, and at the behest of interested persons enacts class laws.

In the name of science, whose prophets and torch bearers have time and again been denounced as quacks; in the name of freedom, upon whose pathway progress ever makes her most rapid strides; for the protection of the health and life of the people, and lastly, in the name of that priceless and sacred right which when wrested from a people leaves them slaves to a degrading despotism, I urge all broad-minded, liberty-loving citizens to stand determinedly against the stealthy and dangerous encroachment of a well-organized monopoly, arrogant and intolerant as it is selfish and avaricious, which in its own interest is striking at the dearest and most sacred rights of every intelligent and free American citizen.—Twentieth Century Magazine.

THE ECLECTIC SCHOOL IN MEDICINE.

By A. F. Stephens, M. D.

The Eeleetic school in medicine is the outgrowth of a protest begun in the early part of the nineteenth century against the harsh, poisonous, health-destroying practice of the old, or allopathic, (now self-styled "regular" system of medicine.

The word eclectic was taken as a name, it being best adapted

to convey the meaning of the movement to establish a **safe, sane** and **curative** system of medical practice, as opposed to the crude, inhuman methods in vogue at the time. The word is derived from the Greek and signifies to choose or select the best means of cure from every source obtainable.

Every age produces a few men who **see** and **think**; and thinking, seek for ways and means to aid mankind in its struggles to advance to a better condition of existence, and to live better and healthier lives. Such men are pioneers in whatever branch of human endeavor they may cast their lot and devote their lives. They are usually called reformers, and they seek the welfare of the race. They are protestants against the established, deep-rooted and in most part, erroneous order of human affairs. If such protests are strong enough they result in the formation of new centers, around which become grouped all those persons whose bent of mind, line of thought and method of reasoning run more or less parallel. Such was the outcome of the protest nearly a century ago in America against the crude, unreasonable and vicious practice of medicine at that time.

Let us examine into the so-called regular, or old school, practice of the period mentioned. At that time the remedial measures adopted by the profession of medicine in the cure of the sick were confined to a limited number of mineral drugs, depletion by blood-letting (either by means of the lancet or leech), blistering, etc. Drugs derived from the higher organizations of plant-life were practically unknown to the profession at that time. The list of drugs or medicines which were in daily use in the practice of medicine a century ago could be counted on one's fingers. The most prominent of these were mercury, antimony, arsenic, bismuth and iron. These were used heroically in large, poisonous doses which disturbed and perverted every function of the body and oftentimes destroyed life. In those days the sick were made sicker by the treatment. In fact, the stomach and bowels were so severely affected by the treatment that digestion could not go on and the body suffered for the want of nourishment, death often resulting from exhaustion. Those recovered who were possessed of an excellent supply of vitality; vitality sufficient to withstand both the disease and the treatment. Then very often, if they survived such treatment, they came out of it with sore and bleeding mouths, decaying teeth and rheumatic joints, a wreck of their former selves, yet believing their ill recovery was due to the disease, knowing no better. Do you wonder now, you who read this, that a protest, strong and powerful, should arise against such a barbarous, unreasonable treatment

of the sick; against a treatment that destroyed the vitality of the body and whose lasting effects were many times worse than the disease?

Coincident with the use of the drugs mentioned were the lancet, the leech and the fly-blister; all used for the expressed purpose of depleting (thinning down) the patient. The theory was that disease was an exaltation and must be depressed. We of later days know that "disease, wherever found and however manifested, is always an impairment of life, and during its continuance lowers the vital force; and that all means of cure should have for its object to sustain the vital force while removing the difficulty." But in that time when the Eclectic school was in the process of formation, the treatment consisted almost wholly of violent purging, exhaustive bleeding and in blistering extensive skin surfaces until the poor victim forgot his ailment in the torment of the cure. Do you wonder then that a cry went up which has reverberated down the century, and that through the building up of a new school of practice the old was forced to abandon, largely, mercurial salivation, avoid inordinate physic, stay the lancet and leave the leech to his quiet life in the pond, permit the life-blood to flow uninterrupted through the vessels, and to banish the Spanish fly to his own? These have all been accomplished through the protest made a hundred years ago by the Eclectic school in medicine. The battle has been continued down through the century and at times has been fierce, for the opposition has been strong. The fight for a better and safer practice of medicine has been opposed by every means at the command of determined men. The jail was brought into use in the beginning. Abuse, vile epithets, ridicule and ostracism have been weapons used in the desperate effort to kill the school and the effects of its protest. All have failed, and the world today owes a debt of gratitude to Eclecticism for a safe, sane, kindly-acting and effective practice of medicine. The old school has been compelled to modify its methods of healing, but, failing to profit by the light of the protest, it is groping today in a maze of illogical reasoning. However, it has had to curtail the use of those drugs which destroy the health and leave behind some lasting defect. The people, having learned this lesson (many by sad experience), will no longer permit the abuse of their bodies through the administration of poisonous doses of harsh remedies, but demand a more kindly treatment. They protest against being salivated with mercury as of old. They object to violent purging and its consequent weakening of their physical strength. They flinch at the suggestion of a blistered skin and have driven the "bleeder" to put up his knife. The leaven

which was put into the loaf by the early Eclectics has been working all these years, and the whole lump is being leavened as mankind is demanding a safe, sane and reasonable treatment when sick.

The foregoing might be classed as negative results which have come about because of the Eclectic school. Let us examine some of the features which can be classed as positive.

The Eclectic school has developed the long line of American plant drugs which constitute the most reliable and effective agents known to medicine at the present time. These drugs are many and varied, as the plant life of the world furnishes unlimited products for the cure of the sick. By tireless and unceasing labor the Eclectic school has searched out these products, examined them carefully, eliminated the objectionable, concentrated them until their medicinal action is secured in the small, pleasant dose not objectionable to either taste or smell. This has been accomplished by intelligent discrimination on the part of Eclectic physicians, aided by scientific manipulation of the crude drugs by the foremost pharmacists and chemists of the age in which we live. The Eclectic school has developed, and has in process of perfecting, what is termed **specific** or **direct** medication. The term means that it has been proven beyond the possibility of doubt that drugs have a specific or direct action upon certain specific disease-conditions of the body, changing them in the direction of normal, healthy action. The old school has fully demonstrated the fact that drugs administered wholly for the name of a disease, as pneumonia, for instance, are not constant in their action, nor will they often prove curative when so applied. Hence the lack of faith in the curative power of drugs, as the old school adherents concede on every hand. The Eclectic school has demonstrated that drugs have a positive curative action when administered in proper doses for the purpose of correcting distinct or specific pathological conditions of parts or organs. They have proven that remedies so applied will remove or relieve the condition indicating the remedy under like circumstances, no matter by what name the disease may be called. It is a morbid condition, and not a name, which points the way to an intelligent administration of medicine. As an example familiar to all, let us consider that condition resulting from a perverted circulation, wherein there is a determination of blood to the brain, that is, too much blood in the part, as is shown by such symptoms as intense headache, flushed face, bright eyes, contracted pupils, and nervous excitement. Such a condition may be present in a dozen different diseases. Any remedy that will relieve the blood pressure and equalize the circulation by

acting upon the vasomotor centers (and we have such remedies) will cause the above symptoms to disappear, and in so far as this condition is removed the patient approaches the standard of health. This process of reasoning includes also what we know as **specific diagnosis** or analytical diagnosis. This method of diagnosis has a direct reference to the treatment that is to follow and not to the naming of the particular disease, and in so far as this method has been developed and perfected we have a scientific and positive practice of medicine. The Eclectic physician treats the patient and not the disease, and each patient to him is a distinct and separate case, even though his disease may bear the same name as all others of like character. For be it known that no two cases of the same class are exactly alike. Hence each must receive in treatment that which his particular manifestations require at the hands of the physician if he would follow an intelligent course. On the other hand, under the present method pursued by the old school, every patient having the same named disease receives at its hands the same treatment. The old school, never having learned the value of drugs, is enmeshed in the serum fad, and every case wherein serum is **presumed** to be useful is injected with it, even though the symptoms and conditions vary in all cases. They do not take account of the many underlying conditions which positively indicate a diametrically opposite treatment. Hence, while some cases may recover in spite of the treatment, others die because of the failure to meet distinct pathological states. The discovery that like diseases differ in different persons, and that what will prove curative in one patient will not in another; and that drugs have a positive, curative action when indicated; that the small, pleasant, non-poisonous doses of a concentrated drug is the most speedily effective for good, entitles the Eclectic school in medicine to the everlasting gratitude of the people. And when in years to come it is realized that the serum treatment had its birth in ignorance as a result of a refusal to investigate a plain truth; that it is a lazy man's treatment and that it is positively harmful in many cases, and only seemingly curative in others; that the decreased mortality is due rather to the fact that the old harsh treatment has been traded for a somewhat milder one; that both are directly opposed to common sense and sound judgment; and that mankind would be better off without either; then will it be plainly evident that the Eclectic school, born as a protest and still protesting, has done a work for humanity that can not be measured.

The Eclectic school has also established the undoubted value of the small, medicinal, kindly-acting, non-poisonous dose of

drugs, administered at frequent intervals, over the large, depressing, poisonous dose of the regular school given less frequently. The Eclectic school has for its motto: "**Vires Vitales Sustinete,**" which means: "**Sustain the vital force in all diseases and under all circumstances.**"

When the Eclectic school has proven that our best and most effective remedies are derived from the more highly organized plant life—life that approaches closely to that of animal life, it does not discard (as some are led to suppose) the mineral drugs, but uses them whenever and wherever they may be rightly adapted or prove curative and not destructive to life. Care, however, is always taken that they are never administered in such doses as to act in a poisonous manner; the smaller, non-poisonous dose being always used.

The term Eclectic, as was said in the beginning, is derived from the Greek language and means to choose or select. Be it understood, however, that while the word was adopted to designate the reform movement and indicate the opposition of the early Eclectics to the authorized medical practice and its inhuman treatment of the sick, it did not then, nor does it now, mean that Eclecticism goes no further than to choose only what others have discovered and proved to be good; but the term was, and is, used in its fullest sense to cover original investigation and research in the domain of medicine. It does mean, however, that we choose or select those means and remedies which are safest and lead most effectually to a restoration of health. No rational means for the alleviation of suffering have been, nor are they now, discarded by the Eclectic school. All means that will bear the light of reason, or that can be proven safe and sane in the treatment of the sick, no matter from what source they may come, are eagerly sought for and used. Let it be stated here that the term "herb doctor," which in the past was derisively applied to the reform school, had no basis in fact, as that movement began in the ranks of the medical profession by men who held college degrees. The protest was launched by educated men, graduates of allopathic medical schools, and not by illiterate, ignorant persons. It was started by men who practiced medicine in the regulation way but saw the glaring inconsistencies of the treatment and began to search for a milder, safer, pleasanter and more reliable means of cure. In looking around and observing they soon saw that the materia medica of the "botanic" was much superior to their own, and furnished a better means of cure, being much safer and vastly more successful. Taking this as a basis from which to work, they enlarged upon it from year to year, until now we have unlimited and powerful means at our

command. They not only did this, but the mineral kingdom has been just as intelligently studied to develop the good that is in it. It is a fact, however, not to be forgotten, that our most valuable plant-drugs have been discovered and their medicinal properties determined by the Eclectic school.

In the use of the more powerful and potent drugs the Eclectic school feels its way carefully, looking always to the safety and welfare of the patient. In the use of those drugs which tend to induce a craving in the patient for their continued use, the Eclectic is extremely guarded, never prolonging their administration sufficiently to create an insatiable desire for their continuance. The question is often asked: What is the difference, then, between the old (self-styled "regular") school and the Eclectic school of the present day? Let us explain. The dominant idea underlying the regular practice today is **that experimentation in the laboratory upon healthy animals must prove the curative power of the means used in cure.** It virtually ignores bedside observation of the action of remedies upon unhealthy or diseased conditions. It practically ignores the vegetable remedies, the most potent of all. It confines itself largely to mineral drugs and animal serums, the latter being lymph products taken from the blood of animals previously poisoned by injecting disease-elements into the body of the animal while in health. By such methods it predicates the remedial action of drugs or disease-elements used. The Eclectics assert that no remedial action of drugs can be established by observing their poisonous effects upon healthy animals, but by the effects of small, medicinal, non-poisonous doses when applied to disease-conditions in the sick. The Eclectic contends that the poisonous action of a drug as shown upon a healthy animal bears absolutely no relation to its therapeutic action upon the sick when taken in curative doses for their direct effect upon disease-conditions in the human subject. The Eclectic studies medicine in the only rational way, which is by observing the effect of a drug upon a sick patient when administered for a **specific** purpose. The old school today virtually admits that drug-action is uncertain as it knows it, and in the main is useless, as witness the writings and teachings of the most prominent men in that school. Witness also that in the last few years surgery has run riot and thousands of persons are mutilated without cause, simply as a result of lack of knowledge of the curative power of drugs on the part of old-school physicians. The Eclectic is firmly grounded in his knowledge of the curative properties of the medicine he uses, and he as firmly refuses to yield to the doubts cast upon them by those who ought to know but do not. As proof of what I

assert the investigator is referred to the mortuary records of any of our cities, where a comparison may be easily made. The best evidence of a successful practice of medicine is the relative proportion of fatalities of the two schools.

As a final example it is asserted by the old-school authorities that there is **no remedy** for the disease we call pneumonia, and as a result of such teaching nearly one-half (forty to fifty per cent) of those who have the disease die. The Eclectic opposes this with the assurance that the specific pathological conditions which are present in pneumonia can be overcome by drugs if given for their direct effect upon said conditions, and that a comprehensive treatment will lower the death-rate to less than ten per cent. There is not an Eclectic physician in the United States who will not make affidavit that he would consider himself criminally guilty if he permitted ten per cent of his cases of pneumonia to die, and he speaks in truth and not boastingly, which may be proven by his mortuary record. There must be, then, a cause for this vast difference, and that cause lies in the great difference in the manner and method of treatment followed by the two schools.—Twentieth Century Magazine.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20th, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. L., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on November 1st at the usual hour and place.

Minutes of the previous meeting were read and approved.

Dr. Hubbard read a very interesting paper on "Anal and Rectal Fistulas"—which was followed by a discussion.

Dr. Barbrick read a paper entitled "Medical Freedom"

and introduced a set of resolutions which were adopted by a unanimous vote.

Dr. H. T. Webster, San Francisco, and Dr. Hillman, Los Angeles, were present as visitors, and upon being called on by the President, each made a few remarks.

The standing committee appointed some months ago made a final report and was discharged.

Dr. Webster was proposed for honorary membership and duly elected.

The next meeting will be held on December 6th at which time Dr. de Monco will read a paper entitled "Chronic Prostitus."

James Beard, M.D., Pres. P. M. Welbourn, M.D., Secy.

Adjournment.

RESOLUTIONS.

Los Angeles County Eclectic Medical Society—Oct. 4, 1910.

RESOLVED: that venereal diseases should be placed on the same basis before the law as other dangerous contagious or infectious diseases.

RESOLVED: that physicians should be under no obligations of secrecy either in court or elsewhere as to disease of his patients.

RESOLVED: that persons known to have venereal diseases should not be granted marriage license while so afflicted.

RESOLVED: that persons should be held responsible for damages who transmit venereal diseases by sexual intercourse.

RESOLUTIONS

Los Angeles County Eclectic Medical Society, Nov. 1, 1910.

WHEREAS the American Medical Association has by endeavoring to force through the last session of Congress, legislation which we believe will be unfavorable both to the sick and those who labor in their behalf, and,

WHEREAS: we fear that such legislation if made effective would take away some, and abridge many of the rights and privileges of citizens both ill and well, would tend to destroy freedom of practice and a liberality of thought in the science and art of healing, and would greatly handicap the physician and surgeon in his great work for suffering humanity, and,

WHEREAS: this special-privilege-seeking-politico-medico-Association has for years bent its efforts towards advancing monopolistic and restrictive legislation that have already to a great degree destroyed medical freedom, and if carried farther might eventually abrogate the constitutional right of the citi-

zen to choose his physician and of the physician to choose his method of practice and system of treatment, therefore,

BE IT RESOLVED THAT: the Los Angeles County Eclectic Medical Society is first, last and always against all such uncalled for, unnecessary and pernicious legislation, and,

BE IT RESOLVED THAT: it is the sense of this meeting that no general demand for such legislation has ever been made either by the people or the medical profession as a whole, and therefore such efforts on the part of the American Medical Association are selfish and arbitrary, un-American and unsafe, and if successful would tend to hinder medical progress and destroy medical freedom, and,

BE IT RESOLVED THAT: this Society strenuously objects to, protests against and opposes all such efforts, and strongly endorses, approves and joins in the battle for medical liberty now being waged all over the country by our national, state and county Eclectic societies, by our Homeopathic and independent Allopathic brethren, and by our many lay allies, first and foremost among which is the National League for Medical Freedom, and,

BE IT RESOLVED THAT: a copy of these resolutions be offered to the press for publication, that the public may know the attitude of the Los Angeles Eclectic Medical Society, a representative society of the only American system of medicine, the school of modern and rational healing—Eclecticism—which by its aggressiveness and progressiveness has during the past fifty years had such a remarkable influence on medicine and surgery that it can safely claim to have revolutionized and reformed the practice of the healing art, and,

BE IT RESOLVED THAT: the secretary of this society be instructed to send to every Eclectic physician in Los Angeles county and every member of this society a copy of these resolutions.

COLLEGE NOTES.

J. F. Barbrick, M. D.

Are we proud of our new $2500.00 Bacteriology Laboratory? Are we? Well, we should say **YES**, in biggest caps and loudest screams.

Our venerable and highly esteemed Prof. Davis, whose chair in Materia Medica is being ably filled during his illness, by the worthy Dean, Prof. Munk, is, we are sorry to hear, reported no better.

Prof. (quizzing on heredity): "What is the pre-formation theory?"

Student: "The previous theory of formation."

The students are very enthusiastic over the special courses of Lectures now being given them by Prof. Webster. They are proud to sit at the feet of such a teacher and it taxes the capacity of the new Munk Lecture Room to accommodate his audiences.

Prof. Willard, whose five broken ribs received by an accident at his mines in Colorado, delayed his course of lectures on Special Therapeutics a couple of weeks, is certainly making up for lost time. If you don't believe it, just drop in during his lecture and note the energy, force and enthusiasm he puts into his work.

One morning the students persuaded Prof. A. P. Baird to come to the college to consult over an important case which they had to exhibit. When all the students had assembled in the presence of the Prof., the case was presented to him and proved to be a gold watch case engraved with the college letters, C. E. M. C., on the back, and an appropriate inscription on the inside. The doctor was charged with having repeatedly informed the students that an Eclectic physician could not keep his cases long because he cured them too quickly. But he was told that this case was a true Eclectic case, and he was advised to keep this particular one for all time, as a token of the students' appreciation of his earnest endeavors among them for the last few years.

Prof.: "How does the diplococci of meningitis gain entrance?"

Student: "I don't know; I believe it is only imaginary."

Prof.: "Tell me where we find leprosy?"

Student: "You are liable to find it all over the world."

Prof.: "I mean at the present time, 1910; what does your book say?"

Student: "I don't know; my book was printed in 1907."

NEWS ITEMS.

Dr. J. B. Sands, Venice, is taking a post-graduate course in New York. He will return about December 15th.

Dr. E. P. Bailey, Long Beach, is doing post-graduate work in Chicago. He will be gone until after the New Year.

Dr. Elisha N. Mullinix, recently of Spencer, Indiana, is now living at number 1008 West First street, Los Angeles.

Dr. John Fearn of Oakland, Cal., spent two weeks last month in El Dorado county, California, looking after his mining interests there and incidentally to benefit his health.

Dr. A. J. Compton and wife, formerly residents of Elsinore, California, but who have been visiting in Florida and

the Eastern states for some months, called on some of his friends recently. They were enroute to San Diego.

Since writing the article on the Petrified Forests of Arizona, Dr. Munk has received from Mr. Al Stevenson of Adamana for the Southwest Museum, the carpolite, or specimen of petrified fruit of the Sigillaria tree, which was found in the Black forest.

New additions of wild plants have recently been made to the College Botanical Garden. Mr. W. C. Munk sent in a consignment by express from Northern California; Dr. Clinton Roath presented some familiar specimens from Indiana, and Dr. E. P. Bailey contributed some plants that came from Australia.

Dr. Herbert T. Webster of Oakland, California, who was for many years professor of Materia Medica and Practice of Medicine in the old College in San Francisco, spent the month of November in Los Angeles where he delivered a special course of lectures on these subjects to the students of the California Eclectic Medical College. His lectures were greatly enjoyed and vastly profitable to all who heard him. He was accompanied by his good wife and they were both so much pleased with their visit that they expressed their intention to come again and, possibly, at some future time make Los Angeles their home.

BOOK REVIEWS.

DIAGNOSIS OF SYPHILIS by George E. Malsbury, M.D., Professor of Medicine, Cincinnati Policlinic and Post-Graduate School, author of a text-book on the Practice of Medicine, and monographs on "Treatment of Tuberculosis," etc. Member of the Academy of Medicine of Cincinnati, The American Medical Association, etc., etc. Bound in half Morocco. Price, prepaid, $5.00 Harvey Publishing Co., Merchants' Building, Cincinnati, Ohio, 1911.

This is a most complete work on the Diagnosis of Syphilis, that is reliable and thoroughly up-to-date. This volume is based upon notes collected during a number of years, and an exhaustive study of literature. The subject is considered from various standpoints. First, attention is given to the laboratory diagnosis, special stress being placed upon the recognition of the spirochete pallida, and the teaching and relative value of the Wasserman and other serum tests. Second, hereditary syphilis has received ample consideration. Third, the acquired form of syphilis is discussed in the various stages. Fourth, the syphilitic affections of the various organs has received detailed

description. Fifth, there is appended a most extensive recent bibliography bearing upon the subject.

INTERNAL SECRETIONS from a Physiological and Therapeutic Standpoint, by Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia, Ex-Fellow in Biology, Johns Hopkins University; Consulting Neurologist, Norristown Asylum, Pa., etc., etc., 133 pages—12 charts. Price $1.00. E. D. Vogel, Bookseller, Easton, Pa., 1910.

Here we have three lectures on internal secretions as presented to the students of Physiology in the Medico-Chirurgical College of Philadelphia by Dr. Ott in 1909-1910. The first lecture deals with the "Parathyroids." The second with "The Pituitary," the third is "The Correlation of Glands with an Internal Secretion." All the work done on Internal Secretions is of such a recent date that the whole subject is in a stage of flux and reflux, therefore Dr. Ott has included many statements which are contradictory, but necessary in giving a general review of the subject.

CONFIDENCES, Talks with a Young Girl Concerning Herself, by Edith B. Lowery, M.D., neatly bound in cloth. 16 mo. Price postpaid, 50c. Forbes & Co., 325 Dearborn St., Chicago, 1910.

The author, who is a physician with wide experience and a pleasing writer, has very delicately and adequately treated the story of the origin and development of life in language intelligible to young girls. The future health and happiness of every girl demands that she receive when approaching adolescence an intelligent presentation of the vital life processes, and this book will be an invaluable aid to parents and teachers in attaining that object.

MORTALITY STATISTICS: 1909, Bulletin 108. Deaths; Causes of Death; Comparisons with 1901; Deaths of Infants and Young Children; Occupational Mortality, Department of Commerce and Labor. Bureau of the Census, E. Dana Durant, Director. Government Printing Office, Washington, 1910.

MEDICAL EDUCATION IN THE UNITED STATES AND CANADA. Report of the Carnegie Foundation for the Advancement of Teaching. New York.

This is a very full and exhaustive report of the work done by this committee of the Carnegie Foundation. The report is not very complimentary, hence has stirred up a veritable hornet's nest. We cannot but feel that in many instances the committee has been a little harsh, but nevertheimprovement being made in the various schools criticised. Adverse criticism is seldom received with pleasure and grati-

tude, but is often neeessary and benefieial and ultimately the less the furor whieh has been ereated is sure to result in mueh results are good.

ECLECTIC PRACTICE OF MEDICINE with especial referenee to the Treatment of Disease by remedies speeifieally directed to the exact Indieations exhibited by that disease in the ease under treatment, by Finley Ellingwood, M.D., late Professor of Materia Medica and Therapeutiee in Bennett Medieal College. In two volumes bound as one. Published by Ellingwood's Therapeutist Publishing Co., 100 State St., Chieago, 1910.

This is a new edition of the work by Dr. Ellingwood whieh was first issued four years ago. The text remains praetically the same. The edition is in two volumes, but bound as one, whieh is a deeided improvement. In treatment, the work is exhaustive and eontains many praetieal suggestions taken from the personal experienee of the author.

The first volume eontains the infeetious diseases and diseases of the respiration and eireulation. The second volume eontains diseases of the digestive system, the urinary and nervous systems and the blood and glandular systems as well as diseases of the muscles and special diseases and intoxieations.

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